




# WHAT'S ON AT THE LMC

Volume 7, Issue 6

June 2009

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C&B LES	4	<b>John Hughes</b> We are pleased to announce that John has been elected as the GPC representative for Manchester, Salford and Trafford and Stockport for the period July 2009 to June 2012. Many thanks to the GPs who voted for John. John will be giving regular reports to the LMC on his attendance at GPC meetings and we will include his reports in the What's On.
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# WHAT HAPPENED AT THE JUNE LMC MEETING

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### City-wide issues

#### IM&T DES components and payments/GPSoc framework

The LMC invited Mike Jones to attend the meeting, as it had concerns about the implications of Component 4 of the IM&T DES which requires practices to be on a Connecting for Health compliant hosted system. The LMC view is that practices on locally hosted systems (eg EMIS LV) should not be forced into moving to a hosted system until the system is resilient and there are many examples of failures of the hosted system, illustrating that it is not resilient.

Mike Jones responded to LMC concerns, as follows

- IT Funding is not available nationally or locally for practices who are not on a GPSoc agreement after 30<sup>th</sup> June 2009. This represents a cost pressure to the whole health economy including primary care budgets.
- The PCT will support practices on locally hosted systems (e.g. EMIS LV) to maintain business continuity until the resilience of the IT network is such that there are no single points of failure upon the WAN or over N3 for that practice. However, any requests for maintenance / upgrades would need to be in the form of a business case to the PCT. Practices need to be on a GPSOC contract for these systems to afford the benefits GPSOC funding for future migration to hosted systems and business continuity.
- The PCT are applying pressure to British Telecom to bring forward the programme of network resilience and are committed to improving confidence amongst GPs particularly in light of recent performance issues and outages at Manchester practices.

It was agreed that the **LMC would encourage practices to sign and return their GPSoc Agreement to Mike Jones as soon as possible and at the latest by 30<sup>th</sup> June 2009** – and practices have already received this LMC advice, via a recent email.

#### City-wide Manchester PBC - Referral Management Incentive Scheme

Practices have been invited, by Manchester PBC, to participate in the Referral Management Incentive Scheme. PBC invited the LMC support of the draft scheme and this was considered and supported by the LMC, subject to the exclusion of the requirement for practices to use C&B which has since been omitted. In considering the Scheme, the LMC had regard to GPC view that it is acceptable for practices to receive extra funding, if their participation in properly run referral management schemes to improve patient care would incur extra costs; and noted that the scheme was about alternatives to secondary care referrals, eg CATS, Tier 2, community services and GMCS, and not simply about reducing referrals.

#### NHS Manchester – CVD LES

The LMC has already approved, in principle, the need for a CVD LES and had commented on the initial draft. Consideration was given to a re-drafted LES which the LMC was unable to support for a number of reasons which have been shared with Karen O'Brien (available on request) not least of which is that the initial draft LES offered a payment of £30 per assessment (in line with that offered to pharmacists) but the amended version offers £20 per assessment, with an additional £5 per patient for ongoing management of patients with a risk of >20%. The LMC felt it was unacceptable for NHSM to offer GPs less than pharmacists. We have offered to meet with Karen to thrash out the final details and expedite the LES being offered to GPs.

#### NHS Manchester – QOF Organisation evidence Assessment at pre-payment verification

The LMC supported NHSM's expansion of possible outcomes of evidence assessment from 2 to 4, to make it easier for practices to pass this year.

# WHAT HAPPENED AT THE JUNE LMC MEETING

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### City-wide issues

#### Immunisation of children born to Hepatitis B positive mothers

The LMC supported the Community Infection Control Team's plan to write to parents informing them that vaccines were due, which would hopefully improve uptake.



#### Manchester Community Health – Associate Medical Director

The LMC noted that Dr. Tariq Chauhan's 12 month post as Associate Medical Director had ended and MCH would be advertising for a permanent post holder.

#### Dermatology CATS

The LMC noted that a new City-wide dermatology service would be based at the Vallance Centre, with 3 locations identified for sessions in the North and 2 locations in Central and South. The service would commence in Central on 3<sup>rd</sup> July, 2009.

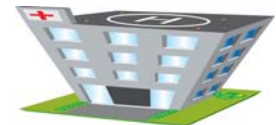
#### Prevalence arrangements for 2009/10

The LMC has written to NHSM informing them of the Manchester practices with significant losses under the new prevalence arrangements and NHSM is working on this issue. In addition to the LMC pursuing this on behalf of affected practices (those that have approached the LMC) the LMC advice is that those practices should also be proactive and contact Karen O'Brien, NHSM to enter into discussions.

### Locality issues

#### North Manchester Children's Services

Dr. Andy Bradley, lead North Manchester General Paediatrician gave a presentation on Paediatrics and Neonates services at North Manchester General, following the closure of Booth Hall Hospital (copy of presentation **attached**) followed by a Q&A session, the significant points of which are as follows



- Surgical cases should be referred to Central Manchester. If GPs are unsure, they can refer to NMG Observation and Assessment Unit and if surgery is required the child will be referred onto Central Manchester.
- NMG will take minor orthopaedic injuries, e.g. fractures, but complex orthopaedic problems should be referred to Central Manchester.
- Major trauma cases would be stabilised in North before onward transfer to Central.
- PAT switchboard should route calls from GPs for advice/referrals to the on call consultant paediatrician.
- Referrals on Choose and Book were shown as North Manchester paediatrics

# WHAT HAPPENED AT THE JUNE LMC MEETING

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### Locality issues

#### Children's Community Nursing Team

Jeanette McGrogan, Children's Community Nurse Manager presented a helpful leaflet about the services of the Children's Community Nursing Team (copy **attached**)



Jeanette reported that her team wished to improve services for GPs and had been working closely in North to promote care for children at home. A drop in clinic had been started in North with a view to rolling this out in South. There was a Q&A session, the significant points of which were as follows

- the Team wished to improve contact with GPs by attending regular primary care meetings, similar to Health Visitors.
- Cross boundary referrals – the Team would see patients registered with Manchester GPs and children from other areas as the priority was to ensure that patients received a service. It was hoped there would be a reciprocal arrangement with community nursing teams in other areas.
- The Team would accept GP referrals by telephone or fax
- The number of nurses on the Team would be increased by 1/3, with most being in post by September. The service would then be split over the 2 sites of Longsight and Charlestown Health Centres. Practices would be given the team lead telephone number and response time would be within 2 hours.
- A child does have to be unwell and to have a nursing need, to be seen by the Team, such as to check Oxygen Saturation etc..

#### North PBC plans to share data

The LMC supported the intention of North PBC Board to share indicative budgetary information between North Manchester practices, which would cover hospital activity and prescribing expenditure and allow practices to see their achievements against their budgets and to compare themselves against their peers.

#### The Welcome Centre – termination of contract

The LMC supported NHSM's intention to terminate the contract for the Welcome Centre, Kath Locke Centre, Hulme and to disperse the small number of registered patients to surrounding practices.

#### Equitable access to Primary Care

The BMA view on the proposed LMC campaign regarding equitable access practices has been shared with practices in Moston, Levenshulme and Moston and is available on request from the LMC office.

#### Choose and Book LES 2008/09

The LMC is continuing to push NHSM to pay those practices that did not receive/return the SLA despite having undertaken C&B. Another example was given by a Member who had signed up to the new clinical DES and attended training events but NHSM claimed they had not received written confirmation of the practice intention to take up the DES' despite the practice having previously received confirmation of this from NHSM. **In those circumstances, practices are encouraged to retain copies of such paperwork sent to the PCT, so they have documentary evidence if challenged in the future**

# WHAT HAPPENED AT THE JUNE LMC MEETING

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### National issues

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

#### GP Training Practices £100 Capital Programme Guidance

The LMC had contacted Barry Lewis, North West Deanery noting the ridiculous timescale attached to this new money and asking whether it would be possible for Manchester practices to take advantage of this opportunity. Barry explained that the Deanery had early warning of the programme and had succeeded in allocating all the notional funding from the national pot and had worked closely with PCTs and the Medical School to achieve this. Numerous projects were underway with approximately 150 in the North West Deanery footprint.

General Medical Council [www.gmc-uk.org](http://www.gmc-uk.org)

**Pandemic Influenza – Good Medical Practice: Responsibilities of doctors in a national pandemic** (available at [http://www.gmc-uk.org/guidance/news\\_consultation/medical\\_pandemic.asp](http://www.gmc-uk.org/guidance/news_consultation/medical_pandemic.asp) )

Primary Care Foundation [www.primarycarefoundation.co.uk](http://www.primarycarefoundation.co.uk)

**Urgent Care – a practical guide to transforming same-day care in general practice** (available from <http://www.primarycarefoundation.co.uk/page9/page19/files/gp-urgent-care-report.pdf> )

## GUIDANCE AND INFORMATION FROM THE GPC/BMA

### Look after Our NHS

BMA has now launched the Look after Our NHS campaign, the aim of which is to raise awareness of the impact that market-driven reforms are having on the NHS. BMA has long argued that Government policy to allow commercially-run firms to provide NHS services are not delivering as promised. BMA believes that if these reforms continue, the impact on patient care, doctors' working lives and the local health environment will be damaging. The BMA has drawn up a list of 8 key principles and the LMC urges GPs to visit the website at [www.lookafterournhs.org.uk](http://www.lookafterournhs.org.uk) to view and support the key principles; to provide examples of how NHS market reforms are affecting doctors and their patients; and to share views and experiences.

### GP Trainees Sub-Committee

- **Regional Elections 2009** - The GP Trainees subcommittee will be holding elections in all of its 19 regional seats this summer. All doctors who are / will be on a GP Training programme at any point during the period 2 July 2009 to 30 June 2010 are eligible to stand in this election, regardless of whether or not they are a BMA member. For the avoidance of doubt, GP Trainees in hospital placements or GP practice placements are able to stand for election, as are Foundation Year doctors who will begin a GP Training programme during the above period. Full details of the election, including nomination forms, and introduction to the work of the subcommittee and a full list of regional constituencies, can be found on the BMA website: <http://www.bma.org.uk/gptraineeselections> Completed nomination forms must be received in the GPC office by **5pm on Friday 3 July 2009**.
- **Newsletter Spring/Summer 2009** – copy attached. Please pass to your GP Trainees.

# ADDITIONAL INFORMATION

## HM Revenue & Customs

A Manchester practice has received 2 requests from HMRC Child Benefit Office, Washington seeking details/confirmation of children's attendance at the practice and querying what evidence was produced when the children were registered. The LMC secured GPC advice, as follows.

"It is important to obtain consent from the children's guardians before this information can be revealed. As it is to corroborate information they have supplied to HMRC, it is likely that they will be happy to go ahead. However, as this is not contracted NHS work it is not compulsory and it is possible to request a fee."

## GMC Registration

We are aware of 2 GPs who, due to personal circumstances, did not pay their GMC registration and did not receive any reminders and were removed from the GMC Register without their knowledge. The GPs continued to practise for some months before realising they were not registered. **GPs are reminded to check their GMC registration.**

## Notes summarising in general practice

The LMC has been contacted by Dr. Pip Fisher, GP and tutor to refugee doctors advertising the services of refugee health professionals to undertake notes summarising whilst they are studying, as follows.

### Need your notes summarising?

Experienced notes summariser available.  
Background in health care – familiar with medical terminology.  
Has worked with GP computer systems in the North West.  
Contact **Marcel Baningime** on **banita@postmaster.ac.uk**  
References available on request.

## Job Centre Plus - Employment and Support Allowance

A practice has received a number of inappropriate requests for Job Centre Plus for sick notes for Patients who have just undergone a work capability assessment by ATOS and found to be capable of work. Can you please inform the LMC if your practice is also receiving such requests so we can challenge this with Job Centre Plus.

## LMC Locum List

Please see the **enclosed** 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**

