



WHAT'S ON AT THE LMC

Volume 9, Issue 5

June 2011

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WHAT HAPPENED AT THE JUNE LMC MEETING

City-wide issues

LMC Constitution

Sessional GPs

GPs will have received LMC letter dated 26th May inviting comments on the proposed amendment to the LMC Constitution to include a constituency for Sessional GPs (Salaried and locum) and to reduce the number of seats for principals/partners in other constituencies. Only 1 GP responded supporting the amendment, provided sessional GPs pay an LMC levy and that GP has since been reassured that only sessional GPs that pay the LMC levy are entitled to stand for LMC election. The LMC concluded that the lack of negative comments from GPs demonstrated support for the amendment which will now proceed, bringing the LMC in line with the GPC recommendation regarding representation of sessional GPs.

LMC/NHSM Liaison

The Liaison meeting was held on 27th April and the significant items discussed were

- ◆ Manchester Standard
- ◆ Care Quality Commission
- ◆ Referral Gateway
- ◆ Authorisation of Manchester GPCCs for 2012

Hon. Secretary's report

John Hughes reported as follows



- ◆ Meeting on 23rd May with Geoff Little, Deputy Chief Executive of Manchester City Council and David Regan, Director of Public Health, to discuss LMC involvement in the Health and Wellbeing Board (HWB), when it was agreed that David Regan should attend the LMC/NHSM/GPCC Liaison meetings as Public Health and HWB would play an important part in commissioning and should have knowledge of LMC views.
- ◆ Meetings on 12th and 31st May with Manchester Local Representative Committees (Dental, Pharmaceutical and Optometrists)
- ◆ Attendance at GP Registrar meeting on 25th May to inform them about the role of the LMC etc.

WHAT HAPPENED AT THE JUNE LMC MEETING

Continued ...

Meeting between the LMC and MPs

Ash Bakhat met with Paul Goggins, Wythenshawe MP on 6th May in Manchester and on 9th June at the Houses of Parliament. The first meeting was about ADHD – see related article below – when Paul Goggins agreed to write to the 3 Manchester Pathfinder Commissioners enquiring about the provision of services for people with ADHD. The key issues for the second meeting were

- ◆ LMC Officers to continue to explore their role on the Health and Wellbeing Board
- ◆ a philosophical debate on the fallacy that the UK, which is a rich country, could not afford good health care
- ◆ The need for a proper and public debate on health care rationing to include politicians and Health Care Professionals; and if this does not happen nationally, this should happen locally.

LMC representation on other Groups

The following reports were received from Members and are available on request

Meeting	Member	Date
QOF Steering Group	Alison Hutton	13.04, 11.05 & 8.6.11
Summary Care Records Project Board	Alison Hutton	01.06.11
Shadow SoS for Health, Gorton Dinner	Alison Hutton & Vish Mehra	09.06.11
Electronic Prescription Service Group	Gill Edmondson	01.06.11
GPIG (General Practice Information Group)	John Hughes	19.04.11



QOF counter fraud checks

The LMC noted the 6 practices (2 each from North, Central and South) which had been randomly selected, in the presence of LMC staff, for the 5% counter fraud checks. The practices have been informed by Jane Jackson, NHSM.

Meeting for single-handed GPs on succession planning

Nine single-handed GPs attended the LMC meeting on 4th May when Sarah McCarthy, BMA Industrial Relations Officer, and Karen O'Brien and Ben Squires, NHSM, outlined the implications of a single handed GP retiring or dying e.g. redundancy/TUPE and emphasised the importance of succession planning.

Public Health Manchester

David Regan, Director of Public Health and Kevin Perrett, Consultant in Public Health Medicine were in attendance for the following 2 items

(i) Transformation of the public health system in Manchester

The LMC noted the merger of the Joint Health Unit and the NHSM Public Health Team into "Public Health Manchester" which would be based in the City Council from 2013.

(ii) Annual Report 2010

The main theme of the report is health protection and David referred to the focus on vaccination of under 5s and to the new project to support GP practices, based on the Salford scheme, which achieved 95% immunisation. There was also discussion on HIV testing; and increase of TB in Manchester (a full copy of the discussion is available on request from the LMC office).

WHAT HAPPENED AT THE JUNE LMC MEETING

Continued ...

Shared Care for Drug Misuse – revised LES

Further to the LMC concerns outlined in the April What's On issue, the LMC received a joint letter from Janet Mantle, Consultant in Public Health; Janet Finucane, Senior Specialist Commissioning Manager; and Ben Squires, NHSM, addressing the LMC concerns about the timing of the revised contract, data monitoring requirements and OSA (Officer Supervised Administration). The LMC acknowledged the reason for the rush to implement the LES was to avoid loss of funding/GP provision; and it welcomed the decision to pilot the LES with a number of practices. The LMC has some residual concerns, which have been fed back and we have asked that these be considered at the time of the pilot review.

Victoria Mill Medical Practice – Invitation To Tender

The LMC noted that the combined list of the Old Church Street practice and the former Dr. Vites' practice had been advertised as the Victoria Mill Medical Practice under a GMS contract.

Manchester Mental Health and Social Care Trust

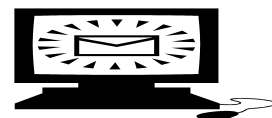
Ash Bakhat met with Sean Lennon and Wyn Dignan, Medical Director and Chair, MMH&SCT on 27th May when Sean recognised the need for the LMC/GPs to be involved in changes to services at an early stage and not informed once changes have been implemented. Ash also stressed that GPs wanted to be able to phone hospital clinicians about problems with patients.

GPs are reminded of the email inbox at gpassistance@mhsc.nhs.uk for GPs to leave both negative and positive comments to MMH&SCT.

Manchester City Council – ADHD in adults

Further to the concerns expressed in the April What's On, the LMC has been informed by Garry Parvin, Clinical Nurse Specialist, Learning Disability Services that Dr. Ruth Thompson (who is an LMC Member) is leading a review into the needs of people diagnosed with ADHD and with Aspergers/Autism and would be advising the Joint Commissioning Team about commissioning appropriate services to meet those needs. If GPs have strong feelings about this issue, Ruth would welcome involvement in the Review.

Locality Issues



Pennine Acute Trust – Discharge Information

North Manchester GP Members discussed concerns about the lack of timely discharge information from North Manchester General; its implications for patient care/safety; and the workload for practices in regularly having to chase this information. Whilst the requirement to provide timely discharge information is included in the contract and financial penalties imposed where this requirement is not met (which had resulted in improved discharge information from other Manchester Acute Trusts) this had not made a difference in North Manchester General.

GP Registrars attending the LMC meeting confirmed that junior doctors were not given sufficient time to do discharge summaries as the emphasis was on doctors seeing acute admissions.

The LMC noted the appropriate IT for discharge information was available at PAT and felt the problem was a lack of leadership/insufficient time given to junior doctors; and as discharge information is important for patient care, this was a clinical governance issue.

The LMC will be writing to the Chief Executive and Medical Director of PAT, expressing the above concerns and warning them that if the discharge information does not improve, the LMC will consider referring the matter to GMC/CQC.

WHAT HAPPENED AT THE JUNE LMC MEETING

Continued ...

Pennine Acute Trust - Notification of cause of patient death

The LMC received an email dated 6th June from Wellfield Medical Centre, which had been copied to John Saxby, Chief Executive of PAT, informing that notification of cause of death was no longer being received since administrative responsibility for PAT had been moved from North Manchester General to Fairfield General Hospital. LMC Members supported the concerns expressed by Wellfield Medical Centre, as follows.

- ◆ As a training practice, it is important that the trainees are able to review reasons for cause of death to further their education
- ◆ It is extremely important that doctors are aware of the cause of death when dealing with bereaved relatives. It may be perceived as a lack of care if relatives come to the surgery and the doctor is ignorant of the cause of their relative's death
- ◆ Cause of death is reviewed in weekly practice meetings; attendees include all clinicians, managers and attached primary health care teams if they are available. The practice is unable to do this holistically if it is unaware of cause of death.

The LMC will be writing to the Chief Executive and Medical Director of Pennine Acute Trust, with copies to Palliative Care Leads, supporting the views expressed by Wellfield Medical Centre; pointing out that Central and South Manchester Acute Trusts have good systems in place, to ensure that GPs receive timely notification via phone/fax from the bereavement offices; and urging PAT to resolve this important and sensitive issue.

Greater Manchester issues

Association of Greater Manchester LMCs

Manchester LMC has arranged for Greater Manchester LMCs to meet and provide an appropriate footprint to liaise with the Greater Manchester PCT cluster.

Greater Manchester Medicines Management Group – Greater Manchester Formulary

The LMC felt the idea of a Formulary was sensible, particularly cost savings which do not impact on patient care, and accepted that GPs should be able to justify why they had prescribed outside the guidelines. However, it had the following concerns which will be fed back.



- ◆ The LMC, as the representative body of GPs, had not been consulted on the Formulary
- ◆ Adherence to the Formulary could be monitored and failure to comply could be seen as poor performance, when this was not mandatory
- ◆ Is the Formulary based on medical evidence or is the QIPP agenda the driver?
- ◆ The usefulness of certain chapters was questionable e.g. Central Nervous System and Skin
- ◆ GPs should still be able to use their clinical judgement in interpreting the Formulary as there will be circumstances when GPs will need to prescribe outside of the Formulary.
- ◆ Secondary care need to be monitored in the same way as GPs, as secondary care requests for GP prescribing of forbidden items could create difficulties for GPs.

WHAT HAPPENED AT THE JUNE LMC MEETING

Continued ...

National issues

Department of Health www.dh.gov.uk

NHS Future Forum

The LMC noted the 16 key messages outlined in the NHS Future Forum Summary Report on proposed changes to the NHS, along with the BMA's response; and that the Government had accepted the core recommendations, and to ensure that Parliament had sufficient opportunity to scrutinise the changes, relevant parts of the Health and Social Care Bill would be recommitted.

John Hughes, as GPC Member, reported that the DoH had accepted some, but not all, of the BMA's recommendations. The option for the National Commissioning Board to shut down consortia remained and some of that power would be transferring to the Health and Wellbeing Boards to influence what consortia were doing, but this had not been included in original discussion. It appeared that Deans would remain but it was unclear about Deaneries, and there had been various suggestions that this could become part of the local Foundation Trust, the Ambulance Trust, or part of the University.

As the majority of information had been received on the day of the LMC meeting, it was agreed to discuss the Summary Report and the following 4 supporting documents, at the July LMC meeting:

- ◆ Choice and Competition: Delivering Real Choice
- ◆ Clinical advice and leadership
- ◆ Education and Training
- ◆ Patient Involvement and Public Accountability.

General Medical Council www.gmc-uk.org

GMC consultation on good practice in prescribing medicines and devices

The LMC is grateful to Linda Sandle who responded to the consultation, on behalf of the LMC

GUIDANCE AND INFORMATION FROM THE GPC/BMA

Electing Leaders to Shadow and Pathfinder Consortia

The LMC noted the helpful guidance which we have shared with the Chairs of the Manchester Pathfinder Commissioning Consortia; and the LMC will support the Consortia in identifying sessional GPs in Manchester to ensure they are included in future Consortia elections.

Annual Conference of Representatives of LMCs 2011

John Hughes, Ash Bakhat and Gill Edmondson reported on their attendance at Conference and one of Manchester's motions on education and workforce, and the LMC concerns regarding the plans to destroy Deaneries has been submitted to the BMA ARM meeting, which John will be attending.

GUIDANCE AND INFORMATION FROM THE GPC/BMA Continued

GP Defence Fund Levy

The LMC discussed, with concern, the 18 Manchester practices that do pay the Manchester LMC levy, but do not pay the GP Defence Fund voluntary levy, which is collected by the LMC and paid direct to GPC. The GPC Defence Fund Treasurer has corresponded with the LMC about this, and this was also raised by him at the Annual LMC Conference earlier this month, when the Manchester delegates were afraid that Manchester, along with a small number of other LMCs were going to be named and shamed at Conference, as they had not paid their full levy to the GP Defence Fund. As it happened, the LMCs were not named, but we feel this will be the next step and the LMC has decided to increase its efforts to secure levy from those practices. The LMC will be arranging to visit those practices to discuss their reasons for not paying the levy and hoping to persuade them to reconsider their position. Following the visits, those practices that still refuse to pay the levy will be informed that they will be identified in the LMC What's On.

GPC Guidance

The following GPC guidance is **attached** for Defence Fund levy subscribers, or is available via the BMA for Members at www.bma.org.uk

- ◆ **Ensuring Transparency and Probity** - GPC guidance to ensure the honest and transparent operation of clinically-led commissioning consortia.
- ◆ **The governance of consortia** – GPC guidance
- ◆ **Focus on QOF payments**
- ◆ **Ethnicity and first language recording** – John Hughes clarified that the Ethnicity DES has ceased so practices do not have to record ethnicity, but if they have a large ethnic population and feel it would be useful to record this information, this guidance is useful.
- ◆ **QOF Quality and Productivity Indicators** – supplementary guidance and FAQs for PCTs and practices in England
- ◆ **Response to the DoH working document “The functions of GP Commissioning consortia”.**

Negative comments posted on the NHS Choices website

The GPC has been made aware that there is some confusion concerning the procedures in place when a practice receives notification of negative comments posted on the NHS Choices website. To clarify, practices are notified of a comment pertaining to them following the publication of the comment. An alert is sent to a named recipient at the practice in question (usually the practice manager although this will be designated by the practice). Practices then have two options:



1. Post a reply, in order to put across the practice's views and deal with any issues raised. This will appear immediately below the original comment.
2. Report the comment to the website moderator as unsuitable.

NHS Choices have a 'comments policy' on their website, which states that should a comment be flagged by a practice as unsuitable, then this will alert their moderators to take down the comment, consider it, and then either remove it or re-instate it as they deem appropriate.

The following NHS Choices guidance may assist practices in managing any comments received:

<http://www.nhs.uk/aboutNHSChoices/professionals/healthandcareprofessionals/your-pages/Pages/managingfeedback.aspx>

<http://www.nhs.uk/aboutNHSChoices/professionals/healthandcareprofessionals/your-pages/Pages/good-practice.aspx>

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

Fitness to drive guidance

The GPC has received some queries regarding the status of changes to the rules regarding driving and diabetes. The confusion appears to have arisen as a result of the DVLA publishing a revised version of their "At a glance guide to the current medical standards of fitness to drive" at the same time as they published the Department of Transport's consultation on UK driving licence standards, in February 2011.

The 'At a glance' document contained some changes from the August 2010 version. These included changing the categories for diabetes "managed by tablets" and accommodating additional criteria for Group 1 and 2 drivers such as, the requirement that the person "must not have had more than one episode of hypoglycaemia requiring the assistance of another person within the preceding 12 months".

The up-to-date guidance can be found online at <http://www.dft.gov.uk/dvla/medical/ata glance.aspx>

The Department for Transport's consultation document asked for views on changes to UK driving licence standards in order to harmonise with EU directives. Among other items, the consultation recommends that those applying to drive Group 1 vehicles (cars and motorbikes) must not suffer from recurrent hypoglycaemia or impaired awareness of hypoglycaemia - so driving licences would not be issued to, or renewed, for those in this category. For Group 2 vehicles (buses and lorries) they are consulting on the possibility for drivers being treated for diabetes being able to apply for entitlement to drive all group 2 vehicles, but within very strict criteria. Any changes to the regulations would probably only come into force around this time next year - subject to agreement. The DVLA's "At a glance" guidance would then be updated appropriately.

Issue with Read code MH14 within QOF Business Rules v19

An issue has been identified with the Mental Health HDL:total cholesterol cluster (HDLTCHOL_COD) within the version 19.0 ruleset of the Business Rules. This will be rectified by the NHS IC when producing the version 20.0 ruleset of the Business Rules that incorporates any relevant codes from the April code release.

The erroneous codes 44PG. and XaEil will be removed from this cluster and replaced with:

Read V2

44PF. Total cholesterol:HDL ratio

44I2. Cholesterol/HDL ratio

44IF. Serum cholesterol/HDL ratio

44IG. Plasma cholesterol/HDL ratio

CTV3

44PF. Total cholesterol:HDL ratio

XaERR Cholesterol/HDL ratio

XaEUq Serum cholesterol/HDL ratio

XaEUr Plasma cholesterol/HDL ratio

The Business Rules version 20.0 are expected to be made available to GPSS and published to the PCC website before the end of this month.

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

Changes to regulations regarding NHS availability of antivirals for flu

There have been some changes to the regulations regarding NHS availability of antivirals for flu, adding a new category of patient, to allow GPs to prescribe antiviral treatments on the NHS for patients not in one of the designated 'at clinical risk' groups, but who are at risk of developing complications from flu. Therefore Oseltamivir and Zanamivir may, in certain circumstances, be ordered for those who are under 65 years of age, who are not pregnant, nor considered to be at clinical risk, but who are considered to be at risk of developing complications from the symptoms of influenza.

The NHS (General Medical Services Contracts)(Prescription of Drugs etc.) (Amendment) Regulations 2011 came into force on 20th April and details of these are published in Part XVIII B of the Drug Tariff at http://www.ppa.org.uk/edt/May_2011/mindex.htm

ADDITIONAL INFORMATION

Care Quality Commission registration

The DoH has published a consultation document, which describes proposals to change the start date for registration of GP practices to April 2013, while proposing that the registration of out of hours providers and NHS Walk in Centres should still go ahead in April 2012. The consultation closes on 29th July 2011 and the document can be found at http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH_127174

Blue Badge Scheme

In the April issue of the Department of Health's GP Bulletin it was incorrectly stated that GPs should no longer be approached or accept responsibility to undertake eligibility assessments for the Blue Badge (Disabled Parking) Scheme. They have now clarified that Local Authorities can still ask GPs to carry out these eligibility assessments. However, changes to the legislation will come into effect in 2012, requiring LAs to use mobility assessments that are undertaken by professionals who are independent of an applicant's care and treatment to determine when eligibility is in doubt. A further update will be provided closer to the time but, irrespective of this change, GPs may still be asked by LAs to provide factual information about an applicant's treatment or condition.

Pro forma policy

At a meeting of the LMC Executive and Finance Committee held on 24th May 2011, Members expressed their frustration at the increasing number of GP referral pro forma, and the various methods required for their completion and onward transmission. The following examples were given:

- ◆ Pennine Acute Trust cancer referral pro forma are unusable and the updated forms have not yet been released
- ◆ Alliance pro forma for MR scans can only be emailed and are difficult to complete electronically, as information does not easily fit into the boxes, and the box for contraindications cannot be ticked
- ◆ Radiology unable to accept electronic signatures, which means forms have to be partially completed, printed off, the remainder of the form filled in and signed, then scanned back in before emailing, or alternatively faxed
- ◆ Pro forma being produced without discussion with clinician groups.

Therefore, the LMC has adopted the following policy:

GPs should refuse to complete new referral pro forma until they have been agreed by the LMC. Once agreed they should be uploaded, pre-formatted for use on all clinical systems, onto intranet sites such as NHS Manchester, Acute Trusts, Social Services, etc., where they are easily accessible. They should also be emailed to GP practice managers and administrators. In all cases the option is still open for GPs to write referral letters, providing they contain the same information required on pro forma.

ADDITIONAL INFORMATION

Continued . . .

Smartcards

NHSM contacted the LMC to ask for help in advising practices that they should use barcoded prescriptions to support the Electronic Prescription Service, as some practices were not doing so. The LMC felt this might be because practices did not have smartcards, and one of the reasons they might not have been issued was because practices had not signed up to Choose and Book. It was also felt that there were problems with smartcards expiring without warning and then practices having to wait for new ones to be issued.

NHSM has clarified that it can be the case that smartcards expire without warning and this is due to their IT system providing unreliable data. The system is due for replacement with an on-line service and unfortunately they will have to bear with this glitch until the new system is implemented. Where smart-cards have expired without warning, Richard Wood's team at NHSM run a same day or next day service.

For information on smartcards and the smartcard processes please see the following links

<http://nww.connectingforhealth.nhs.uk/iim/bau/ratech/essentials/forms>

<http://nww.connectingforhealth.nhs.uk/etdnasp/spine-applications/raelearning/images/splash.htm>

School examinations and requests for sickness certification

Further to the April issue of the What's On, it has been drawn to the LMC's attention that the post of school doctor does not exist in Manchester. In most instances GPs should share information, when appropriate, with school nurses, who lead the general school health provision, with input and leadership from community paediatricians in some cases. The template letter to head teachers has been amended to reflect this, and is **attached**.

LMC Locum List

Please see the **enclosed** up to date 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**

