


WHAT'S ON AT THE LMC

Volume 7, Issue 9

October 2009

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Central LMC Constituency	1	<p>Manchester LMC Annual Accounts for year ended 30th June 2009 The LMC Accountant presented the Annual Accounts for the LMC General Fund and the LMC Compassionate (Charitable) Fund an extract of which will be circulated in the future to GPs with the LMC Annual Report.</p> 	
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Hip and Knee Replacement	4	<p>Swine Flu Silver meetings The meetings continue to be held weekly and the LMC is represented by John Hughes with Tracey Vell as a deputy. Tracey and John report that these important meetings are very effective with decisions taken at high levels and agreed action carried out.</p>	
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LMC Vice Chair	1		
LMC/PCT Liaison	2	<p>The latest DoH guidance is in letter dated 15th October which should have been received by GPs and read in full, and the significant issues are that</p> <ul style="list-style-type: none"> • Practices should start to receive vaccine supplies from this week • 1 dose of vaccine is sufficient for individuals aged over 10 • 2 doses of vaccine are required for immuno-suppressed individuals aged over 10 	
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WHAT HAPPENED AT THE OCTOBER LMC MEETING

Continued ...

Department of Health swine flu guidance

The Department of Health has issued several guidance notes, which can be found at <http://www.dh.gov.uk/en/PublicHealth/Flu/Swineflu/InformationandGuidance/index.htm>

- These include, amongst other things:
- The H1N1 swine flu vaccination programme 2009-2010
- Vaccination programme update
- Guidance on use of prophylaxis with antiviral medicines during the swine flu pandemic
- How to order the swine flu vaccine
- Swine flu vaccination staff training video
- Swine flu clinical package
- Guidance on sickness certification in response to the swine flu pandemic
- Green Book Chapter 23a - Pandemic Influenza A(H1N1)v 2009 (swine flu).



Manchester's Primary Care Mental Health Services

Craig Harris, Head of the Mental Health Joint Commissioning Team and Dr. Ceri Dornan attended the LMC meeting to answer questions on the proposed changes to the Primary Care Mental Health Services. A copy of the proposed changes and the Q&A session from the meeting are available on request from the LMC Office.

NHS Manchester – Balanced scorecards

The LMC Executive has considered the GPC guidance for LMCs on the DoH Improving GP services guidance, which refers to balanced scorecards. GPC advice is that LMCs and GPs should engage with PCTs on this issue. The LMC, acting on that advice has had discussions at our liaison meetings with the PCT on this issue, and we also encouraged practices to attend the PCT workshop on 15th October. Balanced scorecards will be the subject of the LMC Executive Away Day in December to which we have invited representatives from Tower Hamlets PCT and LMC, to share their experiences of agreeing a balanced scorecard, and Karen O'Brien has also been invited to attend that meeting. It is likely that the LMC will arrange an open meeting for GPs, early in the New Year.

LMC/PCT Liaison

At the meeting on 6th October, the following items were discussed

- KPMG, external consultants to help the PCT address its current financial difficulties and to deliver QUIP (Quality, Innovation and Productivity) whilst saving £200m over the next 3-5 years
- MRSA – the PCT accepted the LMC view that GPs did not want to do this, so there was little point in commissioning a LES. The PCT had agreed to pay practices that had continued to provide MRSA decolonisation and they will audit practices to ensure they are paid for services provided. The PCT will pursue a Greater Manchester approach and as Stockport Acute Trust provided its own MRSA decolonisation, the likely providers will be secondary care. **(N.B. the LMC advice to practices is to continue to refuse such requests and to refer patients back to secondary care, advising that MRSA decolonisation is not a GP contractual requirement)**
- Greater Manchester Surgical Centre – raw data from GMSC showed positive outcomes (see further report later in this newsletter)
- RBMS – referral gateway for GPs – currently being piloted by 2 South Manchester practices where a GP, commissioned by the PCT, scrutinises all referrals to decide whether any can be deflected from secondary care. If pilot proves viable, will be rolled out to 4 more practices in Central and North.
- NHS Manchester challenging GP claims for enhanced service payments and increased notional rent agreed by District Valuer – it was agreed that examples of challenges would be sent to Karen O'Brien who would escalate to Debbie Nixon, if appropriate.

WHAT HAPPENED AT THE OCTOBER LMC MEETING

Continued ...

NHS Manchester - IM&T DES

The LMC noted Lynne Morris's email dated 28th September 2009 clarifying that the achievement milestones for GP practices already signed up to the DES remain in place and payments would not be deferred or extended beyond 31st March 2010, unless there was a further directive from the PCT Board.



NHS Manchester – Choose and Book LES payments

The LMC again discussed the issue of the PCT failing to make LES payments to practices that did not return (or have no proof of returning) their SLA for the C&B LES. This was raised at the October LMC/PCT Liaison Committee where Debbie Nixon and Karen O'Brien agreed to look at this further, as the LMC reiterated the lack of trust by practices in the PCT, when they renege on contractual agreements and refuse to pay practices for services they have provided.

The LMC advice to practices for any future SLAs for services is that **they should be returned to the PCT by recorded delivery and copies retained in case of future challenge**. Additionally, as the C&B LES has now been withdrawn it is for individual practices to decide whether they wish to continue to use C&B as a means of patient referral.

NHS Manchester - PEC

The LMC discussed Liam McGrogan's paper regarding the disbanding of the Professional Executive Committee at the end of October 2009 and the proposed replacement with a Commissioning Clinical Executive (CCE) with the following membership

- Existing PEC chair
- PCT Medical Director
- Director of Public Health
- PBC Chairs from each locality
- PCT Executives to be invited to be in attendance

The terms of reference to be

- The statutory clinical subcommittee of the PCT Board
- Co-ordinate clinical leadership and engagement within the PCT
- Complement and co-ordinate the work of PBC across the city
- Clinical scrutiny of business cases
- Specifically support those areas of commissioning which are currently outside the remit of PBC including (but not limited to)
 - Cancer Services
 - Specialist commissioning
 - Continuing Care
 - Women's and children's services
 - Mental Health

The LMC agreed with Liam's view that the former PEC had not been used as effectively as it was hoped; and that PEC should be disbanded. The LMC welcomed the inclusion of the 3 PBC Chairs, who are all highly respected by the GP community (and 2 are currently LMC Members) but felt there needed to be a formal link between the CCE and the LMC, as the representative body of Manchester GPs; and that CCE engagement with the GP profession needed to be more formalised. These views have been fed back to Liam McGrogan.

NHS Manchester – Individual Funding Request Policy and Guidance

The LMC noted the policy and guidance (which superseded the Effective Use of Resources Policy) a copy of which is available from the LMC office, on request.

WHAT HAPPENED AT THE OCTOBER LMC MEETING

Continued ...

NHS Manchester – Hip and Knee replacement

The LMC discussed the PBC mandated care pathway where GPs referred patients possibly requiring hip and knee replacement, to the Fitness for Surgery Team based at Withington Hospital and Cornerstones and if found fit for surgery, the patients would be offered choice, but the focus would be on a referral to GMSC. Once referred to GMSC, the patient would be seen in clinic by a consultant who would decide whether hip or knee replacement was necessary.

Members noted that this had originally been supported by members of the LMC Executive in August and whilst they agreed it was reasonable to utilise the capacity at GMSC (which has already been paid for) they felt the patient pathway should be reversed, with the patient being referred to a consultant at GMSC in the first place to determine the necessity for surgery, and thereafter for a fitness for surgery assessment, if appropriate. Clarification of the patient pathway has been sought by the LMC from Debbie Nixon.

NHS Manchester – Cervical Screening – information from practices

Sue Longden, Consultant in Public Health sought the support of the LMC to compile a database of cervical sample takers in primary care and community clinics, including contact details, dates of last audit of practice and last update training. John Hughes is the LMC representative on the Cervical Screening Steering Group and he felt this was a reasonable request. The LMC accepted John's view and John will continue a dialogue with Sue Longden about electronic training for new instruments and techniques for those smear takers who do not wish to attend training courses. If practices wish to audit the number of inadequate smears at their practice, Sue Longden can help with this. The Quality Assurance website is also helpful, see following link <http://www.cancerscreening.nhs.uk/cervical/quality-assurance.html>

Manchester Community Mental Health Team

The CMHT had requested practices to undertake annual health checks for all patients who were clients of CMHT and practices had contacted the LMC for advice. The LMC had written to CMHT asking them to limit their requests to GPs for annual health checks to those patients with schizophrenia, bipolar disorder and other psychoses, as per QOF, as there was no evidence of the need for such checks for patients with less severe mental illness. The LMC had also pointed out that the QOF was voluntary and CMHT could not assume that GPs would wish to undertake these checks.

Independent Sector Treatment Centre – surgery success rates

Further to the recent media reports about ISTC surgery success rates, the LMC approached Debbie Nixon for reassurance about the performance of the Greater Manchester Surgical Centre. We have asked Debbie to audit GP practices for patient experiences following surgery at GMSC and we would urge practices to co-operate with this audit.

Patient transport booking

Some patients had been advised by Pennine Acute and MRI to contact their GP to book transport for review out patient appointments. The LMC sought clarification that the procedure had not changed and that RBMS makes the bookings for first out patient appointments, then transport for all follow ups should be arranged by the Acute Trusts.

The North West Ambulance Service Trust had circulated this information to PCT and Acute Trusts colleagues. If you experience any difficulties, please contact the LMC.



National Issues

General Medical Council

The LMC noted the updated GMC guidance on Confidentiality, effective from 12th October 2009, which had been sent by GMC to all GPs, and is available from the LMC office, on request.

GUIDANCE AND INFORMATION FROM THE GPC/BMA

Report of GPC Member

John Hughes reported that the main issue for GPC was the pandemic flu; and whether salaried and freelance GPs were adequately represented by the GPC. John has been co-opted to the GPC Education, Workforce and Training Sub-Committee.

BMA/GPC documents

The following guidance notes are available from the LMC office on request:

- **Confirmation and certification of death** – Guidance for GPs in England and Wales dated April 1999 and updated June 2009
- **Referrals to complementary therapists regulated by statute** – Guidance for GPs
- **Guidance on Local Involvement Networks (LINKs)** – September 2009.

Vetting and Barring Scheme (VBS)

Please see the **attached** information received from GPC.

The Cameron Fund – The GPs' own charity

The Cameron Fund is the only medical charity that provides help and support solely to general practitioners and their dependants. It aims to meet needs that vary considerably from the elderly in nursing homes to young, chronically sick doctors and their families and those suffering from unexpected and unpredictable problems, such as relationship breakdown or financial difficulties following the actions of professional regulatory bodies.

Anyone who knows of someone experiencing difficulties, hardship or distress is urged to draw attention to the Cameron Fund's existence or alternatively to contact Jane Cope, the Services Manager. Email janecope@cameronfund.org.uk Tel. 020 7388 0796. Address: Tavistock House North, Tavistock Square, London, WC1H 9HR.

NHS Direct

GPC has been asked to enlist support in the hope to find the right people for the important roles of NHS Direct Non-Executive Director and Medical Director. Please see the **attached** information. The closing date for both posts is 12 noon on 9th November 2009.

ADDITIONAL INFORMATION

Requests for school medical certificates

We are grateful to North Lincolnshire and East Yorkshire LMCs, who have raised the **attached** advice sheet for dealing with requests for medical certificates for schools, which you may find helpful.

North West Deanery Professional Education and Development (PED) Course 2010

This is a leadership course for doctors, run by doctors designed to develop management and leadership skills and help you prepare for revalidation. It is likely to appeal to GPs in their first 10 years of practice. The course is spread over 2 years with 3, 3 day residential modules in the Lake District and a number of study days at a central location. The next course starts between 21st – 23rd April 2010. PED educational costs are supported by the Deanery and participants are asked to contribute £500 towards course fees, which includes full residential costs. The additional leadership module is not subsidised and costs £325 (to be confirmed). The closing date for applications is 31st December 2009 and applications and further information can be downloaded from www.nwpgmd.nhs.uk, or contact Tash Billington at n.billington@nwpgmd.nhs.uk. Tel. 0161 234 6155.

ADDITIONAL INFORMATION

Continued . . .

Greater Manchester Police – accessing deceased's GP medical records for homicide investigations

GMP's Force Manager for Coronial Matters and Unexplained Deaths has sent the **attached** communication to all detectives, which you may find helpful.

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
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