

WHAT'S ON AT THE LMC

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October 2011

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WHAT HAPPENED AT THE OCTOBER LMC MEETING

City-wide issues

What's On – cessation of paper copies

If you receive paper copies of the What's On, please note that this will be the last edition you will receive in this format and from next month we will be circulating the newsletter by email only. Please ensure that we have your up to date email address by emailing Claire Steel at c.steel_mlmc@btconnect.com

LMC Staff – Lisa Stevenson

Lisa gave birth to a boy, Ethan (7lb 12) on 8th October and both are doing well.



Dr. Akeel Jamil

Dr. Akeel Jamil has resigned his post as LMC Sessional GP representative due to family commitments.

Financial and Pension Planning Event – Wednesday 9th November

The LMC has secured the services of Kim Lightfoot, BMA Services, for a Financial and Pension Planning Event on Wednesday 9th November at 1-2.30pm (with hot food from 12 noon) at Five Oaks, to include the following

- Understanding the reduction in the Lifetime Allowance from 6th April 2012 and the potential tax mitigation opportunities
- Fixed Protection – understanding the rules
- Clarification of the complex Annual Allowance rules and what this means to you in real terms
- An investment solution to the Annual Allowance tax charge
- 24 hour retirement options and the financial advantages and disadvantages
- Your NHS Tax Free cash options



As a result of the changes to NHS pensions 'life time allowances' on 6th April 2012, NHS Manchester expects that GPs, who are 60/about to reach their 60th birthday, may wish to expedite their retirement plans (either full or 24 hour retirement). The LMC has, therefore, invited an NHSM representative to attend the Financial and Pension Planning Event, to advise GPs/take questions on the necessary steps for retirement/24 hour retirement before the life time allowances change on 6th April 2012. GPs considering retirement are advised to attend the event.

If you have not yet returned your application form (further copy **attached**) please do so as soon as possible as places are strictly limited.

Manchester LMC Accounts for year ended 30th June 2011

The LMC Accountant presented the LMC Accounts, an extract of which will be included in the LMC Annual Report and circulated to Manchester GPs in the New Year.

WHAT HAPPENED AT THE OCTOBER LMC MEETING Continued ..

Hon. Secretary's report

John Hughes reported as follows

- **LRC Meeting** on 6th October to discuss their request for LRC representation on the new Local Authority Health and Wellbeing Board (HWB). Ash Bakhat and John Hughes will be meeting David Regan, Director of Public Health and Coun. Glynn Evans on 10th November to push for LMC membership on the HWB.
- **Referral Gateway Board** – John has been invited to serve on the Board
- **GMC's Good Medical Practice** - John referred to a Pulse article, proposing to include in Good Medical Practice, a new duty "to encourage patients with long-term conditions to stay in, or return to, employment" and his comment that it was reasonable for GPs to support patients in returning to work but not to act as police for the Department of Work and Pensions.

Future ownership and management of PCT Estate

The DoH has issued guidance on the transfer of PCT premises (where the majority of the premises are occupied by community services) to Foundation/Acute Trusts that are willing to accept them. The LMC has discussed this with NHSM and we understand this will affect practices in 7 Manchester Health Centres, as follows:

Levenshulme Health Centre
 Longsight Health Centre
 Moss Side Health Centre
 Burnage Health Centre
 Alexandra Park Health Centre
 Newton Heath Health Centre
 Rusholme Health Centre



NHSM will be contacting those practices (and others housed in PCT estate) as a matter of urgency, to determine whether they have an existing lease to ensure the terms under their existing lease are transferred to their new "landlords". NHSM does not hold the original leases for the Health Centres as we understand they used to be held by the Mancunian Community Trust which was disbanded many years ago. Please give this matter your serious consideration and for those practices that do not have/are unable to find a lease, NHSM is commissioning Hempsons to draw up a generic lease for all affected practices to be adapted for individual practices to reflect their current terms and conditions. It will also be necessary for practices to commission a solicitor to act on their behalf and NHSM and the LMC recommends that the affected practices make a joint approach to one solicitor (cannot be Hempsons) and request a fixed fee for economies of scale. The LMC recalls that a group of practices undertook a similar joint exercise for partnership agreements a number of years ago and managed to negotiate a reasonable rate from one solicitor. If you wish to discuss this further please contact the LMC office.

Further national guidance is awaited on what will happen to the remainder of the PCT estate after PCTs cease in April 2013.

LMC/NHSM/CCG Liaison

The Liaison meeting was held on 28th September and the significant items discussed were

- Manchester Standard Assessment Visits and action plans for practices (see next item)
- Manchester Clinical Commissioning Groups – Board development, contracts and succession planning
- Greater Manchester Primary Care Commissioning Service (i.e. a single management structure reporting to Julie Higgins, GM Cluster Director of Commissioning Development)
- Urgent Care Strategy for Manchester (see item below)
- NHS 111
- Gorton Parks Dementia Unit

WHAT HAPPENED AT THE OCTOBER LMC MEETING continued ...

NHSM - Manchester Standard Assessment Visits

Further to the concerns outlined in previous What's On issues, the LMC has continued to work with NHSM to clarify which of the Manchester standards are contractual (i.e. which practices are obliged to do) and which are recommended/best practice (i.e. which practices are encouraged, but not obliged, to do). At a LMC/NHSM meeting on 26th October, we made significant progress and we are awaiting a revised schedule from NHSM and following approval of the LMC, revised action plans will then be issued by NHSM to practices.

Urgent Care Strategy – GP Access

The LMC noted, with concern, the intention of Manchester City Council's Health and Wellbeing Overview and Scrutiny Committee to request the Secretary of State to undertake a Judicial Review of the decision of NHSM and CCGs to co-locate Walk in Centres at A&E, on the grounds that it is not in the interests of the health service in Manchester. Additionally, the City Council intended to request that Withington Walk in Centre should be re-opened.

Members unanimously supported the proposals to co-locate walk-in centres with Emergency departments as they believed this would improve urgent care services to patients; that this was the only affordable option; and the LMC had been steadfast in its challenge of the clinical necessity of the former/current model of walk-in centres.

Subsequent to the LMC meeting, NHS Manchester and the 3 CCGs shared their proposed letter to the Secretary of State in response to the City Council's request for a Judicial Review outlining the impelling reasons for their decision; and they requested the LMC to write a supporting letter to the Secretary of State. The LMC wrote to the Secretary of State on 13th October, fully supporting the NHSM/CCG letter; sharing the concerns outlined in that letter that the decision of the Manchester City Council's Health and Wellbeing Overview and Scrutiny Committee, to refer this matter to the Secretary of State, may result in delays in implementing the co-location of walk-in centres which could, in turn, have serious implications for dealing with this year's winter pressures.



NHSM – Christmas and New Year cover

The LMC had been consulted on Mark Lindsay's letter dated 27th September to practices and felt the request to provide at least 5 sessions in week commencing 26th December and 7 sessions in week commencing 2nd January was fair and reasonable, as Christmas and New Year's Eve fell at the weekend this year.

NHSM – New paper medical cards

The LMC noted NHSM's intention to move to paper medical cards which would be outsourced for production and distribution to a provider which had been chosen specifically for the NHS with appropriate governance assurances, and which was already being used by 210 NHS Trusts/PCTs. Members felt the letter included helpful information which was not currently included in medical cards but suggested, under the section on out of hours, that the word **should** in the following statement should be replaced with **could** "when you feel unwell outside of GP surgery opening hours you **should** first seek advice and treatment from your local pharmacist" and this has been fed back to NHSM, reiterating the principle that the LMC should be consulted, not informed, about such changes.

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	13.09.11
Summary Care Record Project Board	Alison Hutton	20.09.11
IT Board	Vish Mehra	27.09.11
Cervical Cytology Steering Group	John Hughes	16.09.11
Electronic Prescription Service (EPS) Group	Gill Edmondson	05.10.11

Matter arising from EPS

The LMC understands NHSM has insufficient IT engineers to upgrade all Manchester practices to N3 as this needs to be done when practices are closed and N3 is necessary for EPS; and the responsibility for upgrading practices after April 2013 will be handed to CCGs. It was agreed the LMC should write to Mike Jones, NHSM, asking him to speed up the N3 upgrades and to consider overtime for IT engineers to complete the work outside of normal working hours.

WHAT HAPPENED AT THE OCTOBER LMC MEETING continued ...

EQOF (electronic toolkit for uploading evidence and holding non-clinical QOF data)



The LMC noted the concerns expressed to Jane Jackson, NHSM of the South Manchester Practice Managers Group about EQOF workload implications and the concerns of a Central Manchester Practice Manager about encryption. Jane had accepted the LMC view that EQOF needed GPIG approval; and the LMC challenge of NHSM's claim to practices that completion of EQOF forms was compulsory, and Jane agreed to GPIG referral and to change the word "compulsory" to "recommended". The LMC noted the view of Jane and also Alison Hutton that EQOF should decrease, not increase practice workload, and the LMC accepted that NHSM was entitled to ask practices to produce evidence of non-clinical QOF data, but not necessarily via EQOF. The LMC agreed to ask Jane to ensure that practices be offered the option of EQOF and the current process for submitting evidence and if EQOF proved to be successful this year, the LMC would encourage all practices to use this next year.

Subsequent to the LMC meeting, GPIG did consider EQOF and decided that it should be encrypted.

GUIDANCE AND INFORMATION FROM THE GPC/BMA

GPC/LMC regional roadshows

If you wish to attend the roadshow, but have not yet returned your application form, please contact Claire Steel at the LMC office urgently. Richard Vautrey, Deputy GPC Chair will be the presenting negotiator at the regional roadshow, hosted by Manchester LMC, on Wednesday 2nd November 2011 at Hough End Centre from 7pm (food from 6pm).

GPC Member's report

John Hughes has been re-appointed to the GPC Education, Workforce and Training Sub-committee and appointed as GPC representative on the BMA International Committee.

GPDF Levy

The LMC gave a progress report on the number of practices that have now agreed to subscribe to the GPDF levy. One GP was under the mis-apprehension that GPC Members are paid by GPC and it was agreed to clarify that GPC Members only receive travel and subsistence expenses for attending GPC meetings so are not paid to be GPC Members.

GPC/BMA guidance

The following were received

- **BMA Commissioning Update** – September 2011
- **Health and Wellbeing Boards** – GPC Guidance, September 2011
- **GPC guidance on Locum Agreements in General Practice** – September 2011 is **attached** for Defence Fund levy subscribers or is available via the BMA for Members at www.bma.org.uk



PCT stocktake of contracts

GPC has advised LMCs that all PCTs have been asked to stocktake their contracts (with Acute Trusts, private providers, primary care providers, etc). This should not be an issue for GMS practices who hold national contracts, but we understand that some PMS practices have still not had their contracts from NHSM, so the LMC will be chasing this. It is also important for practices to ensure that they have written agreements for any services they provide over and above their GMS/PMS contracts e.g. enhanced services, GPSI etc. to ensure these are carried forward, post abolition of PCTs.

NHS Pension Reform Day of Action - 30th November 2011

As you know, the BMA has decided against a ballot on industrial action. However, they are supporting the Day of Action. BMA members should have received campaign materials carrying a simple message of support, together with Frequently Asked Questions, which give advice on issues arising from industrial action by other unions. If you have not received these please contact the BMA.

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



Practice nurse indemnity

The Royal College of Nursing has sent the **attached** letter to their members regarding indemnity for work undertaken in practices. As a result of this, GPC advises practices to check their indemnity arrangements to ensure that the work carried out by their practice nurses is appropriately covered.

NHS general practice workforce census

Practices may be aware that the annual NHS general practice workforce census is about to take place. The GPC generally supports this as a means of getting accurate information for negotiators on both sides, to support negotiations in the coming year. This census (as at 30th September each year) is one of three which together deliver statistics on the total NHS workforce (others relate to hospital and community health service staff).

General practice workforce statistics in England are compiled from data supplied by or on behalf of around 8,300 GP practices. The census aims to gather information on all practices including GPs and practice staff in England; staff type, headcount, full-time equivalence, age, gender, and country of qualification (in the case of GPs), practice size (in terms of number of GPs, and list size). It has historically been published at the level of SHA and PCT.

The collection of information is rigorously vetted and controlled by the Review of Central Returns process and the majority of the information is obtained automatically from the Connecting for Health/NHAIS /'Exeter' GP practice re-imbursement system, the aim being to reduce the burden imposed on practices. The census has a number of uses, including:

- workforce planning
- planning and development of education and training
- evidence to Doctors' and Dentists' Review Body
- policy development
- monitoring changes in general practice provision (e.g. by contract type)



The NHS Information Centre will be distributing templates to PCTs shortly and PCTs will in turn request this information from practices. GPC encourages practices to participate, as it is important that accurate and complete information is available.

Find your 1% GP campaign

GPC has been asked to draw attention to the "Find your 1%" campaign, hosted by Dying Matters, in association with NCPC, Royal College of GPs, NEoLCP and QIPP end of life care workstream. The campaign aims to help GPs identify patients who are likely to die in the next 12 months, support them in having difficult conversations about end of life issues and help them better meet the needs of patients and carers.

GPs are encouraged to visit www.dyingmatters.org/gp to find out more and to sign up to the Find your 1% campaign.

Vault cytology

The Advisory Committee for Cervical Screening has written to GPC to reconfirm their views that the responsibility for follow up care of women who require vault cytology lie with their gynaecologist, not their GP. The Advisory Committee and the British Society for Colposcopy and Cervical Pathology (BSCCP) agreed that gynaecological clinics were the best place for cytology samples to be taken. GPs who wish to continue this practice, can do so on a case by case basis in agreement with their local gynaecologist, but there is no GP contractual requirement to do so and GPC recommends that this should be an exceptional situation and GPs should not be pressured to undertake the recall and continued surveillance for women whose indication for ongoing vault smears will have been a malignant diagnosis.

Full guidance can be found in "Colposcopy and Programme Management – Guidelines for the NHS Cervical Screening Programme, Second edition", which is available from the LMC office on request. GPC has raised concerns that these guidelines could be interpreted ambiguously on the follow up of women who had undergone hysterectomies, with the risk of inappropriate delegation to GPs, and the guidance will be amended accordingly.

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

Get ahead: the essential GP Trainee skills day

BMA is holding an "essential skills day" on Wednesday 30th November 2011 at BMA House, London for those considering a career in general practice, or those in GP training who need information and support about career options. Registration fees are £100 including VAT for BMA members and £150 including VAT for non-members. If you have any questions or wish to register please contact BMA Conferences on 020 7383 6137/6923 or by email at confunit@bma.org.uk

ADDITIONAL INFORMATION

Claims for flu payments

Practices are urged to be vigilant when checking flu payments against claims. We understand that it is difficult to reconcile what is claimed on the PP34D form when practices receive a remittance, and one practice recently noted a significant discrepancy when checking their end of year figures and contacted the PPA to check this. The practice eventually received a full breakdown from PPA and found they had claimed for 504 flu payments in one month but only been paid for 204. The PPA admitted an underpayment of £2100 which will be repaid to the practice. The practice has since, with the help of a fellow manager, obtained full instructions on how to check future payments and if other managers want a copy of the instructions, please contact the LMC office, who will signpost you to the Manager concerned.



Procedure for expected deaths in the community and in care homes

Practices should have received, from Janette Hogan, NHS Manchester's Cancer and Palliative Care Clinical Lead to Commissioning, details of the new process for end of life patients. The LMC welcomes the Manchester CCG procedure and is happy to support the Statement of Intent to issue a Medical Certificate of Cause of Death.

PREM2 forms – declaration of private income

In the past, NHS Manchester has accepted practice declarations of their private income in bands, e.g. "less than 10%", but this year, has asked practices to declare their actual percentage of private income.

The LMC has secured GPC advice, that NHSM is entitled to ask for a specific percentage figure and that it is in practices' interests to prove which band they fall into, as if incorrect PREM2 forms are submitted and the counter fraud team becomes involved, this might not be looked upon favourably, and could be problematic for practices.

Manchester City Council – Redefined Social Care Offer

The Redefined Social Care Offer details £8.8m of initial savings, which the Council's Directorate of Adults plans to make in 2011-12 (part of the savings totalling £39.5m, which Manchester City Council plans to make over the next 2 years). The changes include £3.2m savings from more use of "re-ablement" services as an alternative to more expensive care; £240,000 by providing less equipment; and £260,000 by ending hot meals on wheels.

The LMC is concerned that patients whose social care is reduced/redefined, may approach practices for support for appeals, as well as potentially suffering deterioration in health, leading to increased general practice workload. The LMC would like to gather evidence as to the increase in presentations to practices of those with reduced care packages. Please let us know if you have patients affected by these savings.

Nursing and Midwifery Council registration

Practices are reminded that they need to put in place procedures to annually check their Practice Nurses' NMC registration, as if registration lapses nurses have to be suspended, pending retraining. The NMC website (<http://www.nmc-uk.org>) has 2 separate means of checking registration – a simple PIN number check that is open to the public, and an employers check. It is important that practices register as employers and undertake the enhanced employers check, as this gives additional information including the employment history of the nurse.



ADDITIONAL INFORMATION continued...

Summary Care Records – use of opt out codes

Connecting for Health has advised that new READ codes were issued in April 2011 and support a wider range of patient consent preferences for Summary Care Records. GP systems have not yet been upgraded to recognise these new codes. They therefore remind everyone to continue to use 93C3 (or XaKRy, the CTV3 equivalent) to record the preference of a patient who has opted out of having an SCR, until you are notified that your GP system has been upgraded. This will ensure that SCRs will not be created for those patients who choose to opt out. Further information is available at www.connectingforhealth.nhs.uk/systemsandservices/scr/staff/gpracinfo

FHS Appeals Unit decision on sub-contracting services from 6 p.m.

Practices may be interested to learn that the FHSAU recently ruled in favour of a practice in South Staffordshire, which had been in dispute with the PCT in relation to the use of a sub-contractor to provide services during the hours of 6 – 6.30 p.m., i.e. core hours. If you would like to see a copy of the determination please contact the LMC office.

LMC Buying Group Federation

We have learned from the Federation that quite a number of Manchester practices are making good use of the Buying Group. If you have not already done so, you are encouraged to take advantage of the deals the Federation has to offer at <http://www.lmcbuyinggroups.co.uk>

Community Pharmacy Contractual Framework – Service Developments

A New Medicine Service (NMS) and nationally targeted Medicine Use Reviews (MURs) have been introduced in community pharmacy from 1st October. Please see the **attached** joint LMC/LPC letter.

LMC Locum List

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

MANCHESTER LOCAL MEDICAL COMMITTEE

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**You are invited to contribute
your views and influence
debate by contacting your
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