

Manchester Local Medical Committee



WHAT'S ON AT THE LMC

Volume 7, Issue 8

September 2009

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Acute Trust Switchboards	4	<p>LMC Hon. Secretary</p> <p>Dr. Peter Fink The LMC received Peter's resignation as LMC Secretary and presented him with a gift, in thanks for his hard work and contribution to the LMC over the last 12 years as Hon. Secretary. Peter intends to continue as an LMC Member, so we are not losing him completely.</p> <p>Dr. John Hughes John (formerly the LMC Vice Chair) was appointed as LMC Secretary for the period ending 31st August, 2010, with an entitlement to re-election.</p>
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Lapse of GMC Registration	2	<p>LMC Vice Chair There is a vacancy for the Vice Chair, following John's appointment as Secretary and nominations are currently being sought from all LMC Members. We will keep you informed.</p> <p>Central LMC constituency Three nominations were received for the vacancy, following the resignation of Chris Woodhouse, and we are currently holding a ballot, the results of which will be reported in the next newsletter.</p> <p>Dr. Milton Ballon The LMC has written to Milton on his retirement from general practice after 33 years' service, thanking him for his service to Manchester patients. Milton has responded thanking the LMC for the "amazing job it does, despite the pressures and plethora of new changes".</p> <p>Partnership Agreement and Splits – Making your partnership work and what happens if it doesn't! Please find attached flier and application form for an open meeting hosted by Manchester and Salford and Trafford LMCs to be held on Tuesday 3rd November at the Innovation Forum, Salford. We have managed to secure Shanee Baker, BMA Legal Advisor as our guest speaker and, as indicated on the flier there are a limited number of places, so will be offered on a first come, first served basis.</p>
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PMS Agreement/Contract Reviews	2	<p>Balanced scorecard GPs and practice managers are encouraged to attend the NHS Manchester Workshop on 15th October, flier attached. The LMC has been in initial discussion with Liam McGrogan, Karen O'Brien and Simon Wootton about this and stressed the need for an open meeting to allow General Practice to influence the content of the balanced scorecard.</p>
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WHAT HAPPENED AT THE SEPTEMBER LMC MEETING continued

Lapse of GMC Registration

We are aware of GPs in other parts of the Country who have had to stop working as a GP for a short period of time, because they had inadvertently let their GMC Registration lapse. The GPs paid for their GMC Registration by cheque, not Direct Debit, and moved house without informing the GMC, and their Practices did not have robust systems in place for checking ongoing Registration.

Once Registration has lapsed it can take several weeks to re-establish, and during that time you are unable to practice as a GP, so the LMC would advise all GPs to:

1. Check their current registration status - this can be done via the GMC website at www.gmc-uk.org
2. Always inform the GMC of your change of address
3. All Practices should have a system in place that checks the status of each and every GP working in the practice. This should include the GMC registration and MDO cover.

City-wide issues

Pandemic Flu

Buddying of GP practices

Practices needed to engage with the IQ planner and NHS Manchester's buddying arrangements to qualify for payment in the event of routine work being suspended in a pandemic.



The LMC is aware that some practices have already made buddying arrangements with neighbouring practices. We understand that the suggested number of practices to form a buddying arrangement is between 3 and 5, to ensure sufficient cover. The LMC recommends that all practices engage with the buddying process, as soon as possible.

Swine Flu Silver meetings

The meetings are held weekly at 9 am at Parkway, so this has proved difficult to send an LMC representative, but Peter Fink has been inputting via email. NHS Manchester has agreed to fund locum cover to facilitate LMC attendance, which is welcome and future LMC representation will be by Tracey Vell for the next couple of weeks, followed by John Hughes thereafter.

Vaccination programme

The LMC noted the DoH press release and Laurence Buckman's letter to the profession dated 15th September, outlining the deal reached between the DoH and the GPC.

John Hughes, as GPC representative, clarified that the agreement was for District Nurses to vaccinate all house-bound patients and GPs would still be able to claim the £5.25 fee for patients on their list who were vaccinated by District Nurses.

Updated pandemic flu Q&A

The updated Q&A is available from http://www.bma.org.uk/health_promotion_ethics/influenza/panfluggp/panfluqa.jsp

PMS Agreement/Contract Reviews

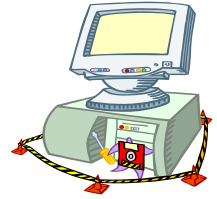
LMC representatives had a further successful meeting with Karen O'Brien, Conor Lomas and Karen Wonnacott on 5th August to discuss the draft city-wide PMS agreement. The 12 LMC concerns expressed at the first meeting had been addressed and the relevant clauses amended to reflect the action agreed.

Prior to embarking on the contract reviews, NHS Manchester and the LMC (Tracey Vell and Ash Bakhat) would work together in an information gathering exercise, involving 6 practices, to be chosen by NHS Manchester, 2 each from North, Central and South representing small and larger group practices.

WHAT HAPPENED AT THE SEPTEMBER LMC MEETING continued ...

Gateway House power outage and IT downtime

The LMC discussed NHS Manchester's incident report on the 29th June IT downtime. The LMC noted that the same problem had occurred in January and if NHS Manchester had purchased a new generator at that time, the June incident would not have occurred. Members felt that the cost of a generator is insignificant when compared to the significant problems arising from a power failure. (Subsequent to the LMC meeting, there was another loss of IT due to a power failure at Gateway House).



The LMC felt the pager system suggested by NHS Manchester as a means of communicating with practices, during IT loss, was an expensive solution in the absence of other free and effective solutions and felt NHS Manchester needed to push EMIS into assessing and providing an alternative solution available for communication.

The LMC has previously raised the clinical risks to patients arising from loss of IT with NHS Manchester but feels these risks have not been properly acknowledged or understood.

The LMC has written to Iain Bell, NHS Manchester making the above points and also reiterating the clinical risks as follows.

- No past history therefore potentially misdiagnose
- Over investigate as no information on what done previously
- Over refer as no indication of previous problems
- Prescribing risks. No idea of allergies, no list of current drugs increases risk of interactions. No clear history hence NSAID and asthma clashes potentially hazardous.
- Patient doctor relationship suffers as unable to do some simple requests
- Stressful in reception no booking data can miss patients or have to defer them
- Chronic disease management suffers as no access to medication record or test results
- Data missed as cannot write up consultations at time and therefore time consuming later and data can be missed.

Financial position of NHS Manchester

Gary Raphael, Director of Finance, NHS Manchester, attended the LMC meeting to outline the deteriorating financial position of NHS Manchester with the 3 main pressures coming from secondary care; Mental Health Services; and continuing health care.

The implications of the financial position for primary care are as follows

- Delay in procurement of one or two of the equitable access practices
- Slippage on IM&T DES
- Delay in implementation of CVD LES until April 2010.



NHS Manchester Board are currently considering Gary's paper on "Extra Measures" needed to balance the books e.g. Single gateway for all GP referrals; Shift of work from secondary to primary care with commensurate flow of money, subject to services being provided more cheaply in primary care.

There was agreement that all stakeholders (secondary care, Mental Health, PBC, Primary Care etc) needed to work together to identify how to live in the current era of financial constraints.

NHS Manchester Director of Finance

The LMC noted that Gary Raphael had resigned as Director of Finance (and Members wished him well in his future career) and that John Scampion had been appointed as Interim Director of Finance. John was a former Finance Director at North Manchester General Hospital and Director of Finance, Planning Estates and Information at Central Manchester Hospital Trust.

WHAT HAPPENED AT SEPTEMBER LMC MEETING continued ...

Medical Certificate of Cause of Death

John Hughes has attended a number of meetings with Greater Manchester LMCs and Coroners to clarify the circumstances in which deaths should be reported to the Coroner and/or Greater Manchester Police, and about when bodies may or may not be removed from the place of death to an undertaker's premises. Clinicians at the meetings had expressed concern about the effects of transferring the deceased to the public mortuary in the absence of the completion of the appropriate death certificate by the deceased's registered clinician, and the effects this process would have on the family of the deceased. This would also apply to palliative care/expected deaths in the absence of a death certificate. However, there was little movement from the Coroners as they were applying the letter of the law. The Coroner's office had agreed to fund the production of a leaflet for families to explain the process, so this was less distressing.

Acute Trust switchboards

Arising from a discussion about GP difficulties in accessing Acute switchboards, a secondary care representative at the meeting, reported that hospital doctors also experienced problems getting through to GP surgeries and this was frustrating for all. The LMC will be writing to Acute Trusts, again, to try and resolve the switchboard problems, but there was acceptance at the LMC that GP practices should share their bypass telephone numbers with secondary care.



GUIDANCE AND INFORMATION FROM THE GPC/BMA

Final Seniority figures for 2004/05 and 2005/06

The NHS Information Centre has published the Final Seniority Figures for 2004/05 and 2005/06 for GMS in England, i.e. £81,123 and £91,123.

After taking legal advice, the Department of Health has decided that the NHS Information Centre should not work out a Final Seniority Figure for PMS because PMS contracts are local contracts. The GPC therefore advises PMS practices that they should also use the GMS figures.

Further details about how the Final Seniority Figures have been calculated are available at www.ic.nhs.uk.

Patient Participation Groups

The Growing Patient Participation campaign aims to raise awareness of the good work being done, to encourage more widespread involvement and to support the creation of PPGs in more practices. PPGs can bid for up to £4,000 of £20,000 available, to fund a new initiative or support the continuation of valuable existing activities. You may wish to encourage your local patient group to apply for funds. Awards will be made in 2 rounds and the deadline for applications for the first round is 23rd November 2009. The deadline for the second round is 12th January 2010. PPGs can apply by email or in writing. Application packs can be downloaded from www.growingppgs.com

GP Trainees Subcommittee Chairman and Deputy Chairman

GP Trainers and Trainees will wish to note that Saira Malik has been elected as Chairman of the GP Trainees subcommittee for the 2009/10 session, and James Parsons has been elected as her deputy. The first meeting of the session discussed a wide range of topics including this year's GP trainees' DDRB evidence, NHS Employers' current scoping study to review the effectiveness of the contract for doctors in training (see next article), the RCGP's development of a business case to support an extension of GP Training to 5 years, and the organisation of the 2010 "Conference for GPs to Be".

The subcommittee will shortly be circulating an e-bulletin to GP Trainees giving a detailed update on its first meeting of the session, which we will share with you when received.

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

DVLA - Consent for the Release of Relevant Medical Information for Patients

New rules called Consent by Assurance were implemented by the DVLA on Monday, 17th August, relating to the release of relevant medical information for patients applying for driving licences.

The BMA has given agreement that DVLA no longer need to provide the patients' written consent from the patient for access to the relevant parts of their records for the purposes of being granted a driving licence. The **attached** documents explain the new rules to GPs and to driving licence applicants.

GPC is aware that this agreement might generate concerns amongst GPs about patient confidentiality. The GMC web site has a frequently asked questions supplement to their confidentiality guidance –

http://www.gmc-uk.org/guidance/current/library/confidentiality_faq.asp

and one query advises that doctors should:-

“Obtain, or have seen, written consent to the disclosure from the patient or a person properly authorised to act on the patient's behalf. You may, however, accept written assurances from an officer of a government department that the patient's written consent has been given.”

The BMA has taken legal advice about a system of accepting such assurances from a government department, and received written assurances from the DVLA, in the form of a written legal indemnity.

NHS Employers Review of Effectiveness of Contract for Doctors in Training

NHS Employers are undertaking a review of the effectiveness of contracts for doctors in training. The main thrust of their review is Junior Doctors hospital contracts, but they are also looking at “the interface with contractual arrangements for doctors and dentists in the practice/community settings of GP or dental vocational training.”

The GPC and JDC have been asked to contribute to the review, and to help them, you are invited to let them know what you think about your current contractual arrangements. Please visit the BMA website:

http://www.bma.org.uk/employmentandcontracts/employmentcontracts/junior_doctors/jdcontractscopingcampaign.jsp

Recognise your Talents, Realise Opportunities

BMA is holding a conference for salaried and locum GPs entitled “Recognise your Talents, Realise Opportunities”, at BMA House on 13th November 2009. For further details see the BMA website: http://www.bma.org.uk/whats_on/SESSGP09.jsp?page=1

BMA/GPC documents

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

- The child death review process: Roles and responsibilities for GPs
- The NHS complaints procedure (England only) August 2009

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

QOF topic suggestion facility

As part of the new QOF process, NICE wants to ensure that all stakeholders from all participating countries have the opportunity to contribute to the development of future indicators for the QOF. NICE have launched two new online facilities to enable people to suggest topic areas for the development of new QOF indicators and also comment on existing indicators. The facilities can be accessed from 15 September – 13 October.

The GPC will not be involved in the suggestion of clinical areas for the QOF as it negotiates the final framework. However, *individual GPs are encouraged to submit their personal views and experiences* as part of this programme.

Suggesting a Topic

The online topic suggestion facility provides a list of evidence-based recommendations drawn from NICE clinical and public health guidance that could provide potential new QOF indicators. Over time this facility will be expanded to provide the opportunity to suggest a wider range of evidence-based sources, accredited through NHS Evidence. Each suggestion will be reviewed against the criterion presented in the submission form and suitable suggestions for the QOF will be presented to the independent Primary Care QOF Indicator Advisory Committee for consideration.

Suggestions can be made here: <http://www.nice.org.uk/aboutnice/qof/SubmitSuggestion.jsp>.

Comment on Existing Indicators

The online facility to comment on QOF indicators enables people to input into the review of existing indicators. Comments will be used to review existing QOF indicators against criteria including, evidence of unintended consequences, significant changes to the evidence base or changes in current practice. Comments will be fed into a rolling programme of reviews and considered by the independent Primary Care QOF Indicator Advisory Committee. All contributions will be reviewed following the process laid out in the QOF process guide and only those suggestions and comments that fulfil the criteria for consideration will be presented to the Advisory Committee.

The online facility for commenting on existing QOF indicators can be accessed at:
<http://www.nice.org.uk/aboutnice/qof/CommentQOFIndicators.jsp>

ADDITIONAL INFORMATION

MRSA decolonisation

The LMC continues to push NHS Manchester into commissioning a service for MRSA decolonisation, as this is not a GP role. A LES is being produced for practices that are willing to provide this service, but we have advised NHS Manchester that take-up is likely to be low, so they need to identify an alternative provider.

The LMC is still being contacted for advice from practices who receive requests from secondary care to undertake decolonisation for patients awaiting surgery. The LMC advice is for GPs to continue to refuse such requests and return patients back to secondary care, advising that MRSA decolonisation is not a GP contractual requirement.

It would be helpful if you could keep the LMC informed when you receive such requests so that we can identify the size of the problem and report back to NHS Manchester.

“Leading Improvements in Patient Safety” in Primary Care

Practices will have received the **attached** invitation to participate in the free training programme for Manchester General Practices, offered by the National Institute.

The LMC encourages practices to avail themselves of the opportunity to participate in this important training which is intended to make Manchester general practices safer. Practices can continue to express an interest although the initial closing date was end of August. If you are interested please contact Eileen McKee – details in **attached** flyer.

ADDITIONAL INFORMATION

Continued

Crisis Point intervention centre

Please see **attached** details of the Crisis Point intervention centre, which were initially sent out with the September 2008 What's On. Craig Harris, Head of Manchester Mental Health Joint Commissioning has confirmed that this is a safe service that is monitored by commissioners, and Crisis Point has been encouraged to engage more with GP practices and to make their services known as an alternative in the community for those in crisis. Andy Taylor, Project Worker at Crisis Point is interested in attending practice meetings to present the service offered by Crisis Point and it's benefits. If you are interested in the offer, please contact Andy Taylor by phone on 0161 225 9500 or email andy.taylor@turning-point.co.uk

Medicines and Healthcare Products Regulation Agency (MHRA) Swine Flu portal

The MHRA has a dedicated page on their website where patients and healthcare professionals can report adverse side effects for the antivirals Tamiflu and Relenza:

<http://swineflu.mhra.gov.uk>

BMJ patient leaflet on swine flu

BMJ Best Health has produced the **attached** information leaflet, which can be printed out by practices and given to patients. Please note that this document is BMJ Group Copyright, so should not be amended in any way, but may be updated by the BMJ in the future.

Oseltamivir – Patient Decision Aids (PDAs)

Oseltamivir PDAs are now available on the National Prescribing Centre website:

http://www.npci.org.uk/therapeutics/infect/commonintro/patient_decision_aids/patient_decision_aid1.php

RCGP Guide to the Revalidation of General Practitioners

Version 2.0 of this document, updated in August 2009, is available from the RCGP website at:

http://www.rcgp.org.uk/PDF/PDS_Guide_to_Revalidation_for_GPs.pdf

Sick Doctors Trust

Please see the **attached** information from the Sick Doctors Trust.

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)
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With the LMC office**

