

WHAT'S ON AT THE LMC

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Inside this issue:

Back office functions	7
BNF	5
Chairman's report	1
DOH- Developing the NHS Commissioning Board & PCT Estate	5
GPC/LMC regional roadshows	5
Hon. Secretary's report	1
IT issues	3
LMC Buying Group	7
LMC email	1
LMC Locum List	7
LMC Staff- Lisa Stevenson	1
LMC/NHSM/CCG Liaison	1
Management of expected deaths	4
Manchester Standard Assessment Visits	2
MMHSCT- Shared care Guidelines & Requests for information from GPs	3
NHS Employers & Community Pharmacy Contractual Framework 2011/12 Service Developments	4
NHS Pension Choice	3
Obstetrics- Patient Choice	7
Operational Guidance to the NHS- Extending Patient Choice of provider	5
Overeaters Anonymous	7
Parent Partnership	7
PAT- discharge information & Notification of cause of patient death	4
QOF Steering group	3
Referral to treatment waiting times	4 & 6
Rolling out the NHS 111	5
Sick Doctors Trust	7
Simpler reporting for the smallest businesses: discussion paper	6
Treatment Room Services	6
Urgent Care Strategy	2
Victoria Mill Practice	4

WHAT HAPPENED AT THE SEPTEMBER LMC MEETING

City-wide issues



LMC Staff – Lisa Stevenson

Lisa, the LMC's Administration Officer, has commenced maternity leave, for an anticipated 8 months (but she is entitled to extend this to 12 months) and Claire Steel has been appointed to cover Lisa's maternity leave. Lisa's EDD is 6th October, so we will keep you informed of developments!

LMC email

We have experienced difficulties receiving emails from nhs.net which have been reported to our internet provider, BT. This now appears to have been resolved, but if you have emailed the LMC during September and not received any response, can you please ring the LMC office.

Chairman's report

Ash Bakhat reported on his meeting on 25th August with Mike Burrows, Greater Manchester PCT Cluster Chief Executive, to discuss how clustering arrangements were progressing. Mike will be attending a meeting of Manchester LMC and/or the Greater Manchester LMC meeting in the New Year.

Hon. Secretary's report

John Hughes reported on his attendance at the following-

- Meeting on 2nd September with the LPC Chairman to discuss the Community Pharmacy contractual changes – introduction of a New Medicine Service and nationally targeted Medicines Use Reviews. A joint LMC/LPC letter will shortly be issued to GPs and pharmacists about this.
- Salford and Trafford LMC 100 Dinner at the Marriott Worsley Hotel on 6th September, when the guest speaker was Laurence Buckman, GPC Chair, to celebrate Salford and Trafford LMC's centenary.

LMC/NHSM/CCG Liaison

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

- Manchester Standard Assessment Visits and action plans for practices (see next item)
- Emerging Standards Clinical Reference Group
- Manchester Clinical Commissioning Groups – election of Clinical Leaders
- CCG pathways
- Urgent Care Strategy for Manchester (see item below)
- NHSM Contract Panel decisions

WHAT HAPPENED AT THE SEPTEMBER LMC MEETING

Continued ...

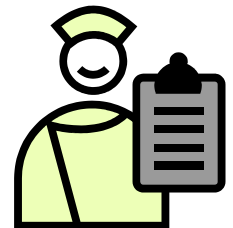
NHSM- Manchester Standard Assessment Visits

Further to the July What's On regarding the concerns of the LMC (and a significant number of practices that had undergone their Manchester Standard Assessment Visits) that some of the practice action plans included requirements that were not contractual. At the July LMC/NHSM/CCG Liaison meeting, the LMC requested NHSM to clearly set out what were contractual obligations (as distinct from good practice) in the Manchester Standard list of requirements, backed up by references to the relevant regulations etc. NHSM accepted this required clarification and wrote to practices extending the period for practices to complete their action plans to the end of December whilst they worked with the LMC to clarify the issue.

NHSM produced a 22 page schedule attempting to clarify whether the Manchester Standard requirements were legislative/contractual or recommendations/best practice. This was considered at the 13th September LMC meeting, but the LMC view was that NHSM had not provided sufficient information to allow the LMC to determine the contractual position, on behalf of GPs.

As a consequence, the LMC has written to NHSM advising that it is unable to support the Manchester Standard in its current form; requesting withdrawal of the action plans which practices have been asked to complete by the end of December and to suspend the threat of breach notices; and requesting suspension of the Manchester Standard Assessment Visits until the question of contractual obligation has been determined. However, the LMC wishes to continue to work with NHSM to reach an acceptable solution.

An initial response from NHSM is that they wish to finish the assessment visits (we understand there are 6 outstanding) and suspend sending out the reports/action plans until the contractual issue has been resolved with the LMC. The LMC Executive considered this response at its 20th September meeting and confirmed the decision of the full September LMC as listed above.



In those circumstances, **the LMC recommends that practices should cancel their assessment visits, until this issue has been resolved.** However, we understand from NHSM that some practices want to proceed with their visits as they have worked hard in preparation etc. As always, it is up to individual practices to decide whether they wish to go ahead with the visits, having taken account of the LMC advice.

GPs will be aware that the CQC registration of GP practices has been deferred until April 2013 and we understand from ongoing discussions between GPC and CQC that the final registration requirements will be less than originally intended. You will recall that one of the benefits stated by NHSM of practices participating in the Manchester Standards, was to help practices with their CQC registration but in view of the delay and expected changes in registration, the advice of the GPC and LMC is for practices (and PCTs) to wait and not second-guess what the registration requirements will be.

For those practices that have already been assessed and given action plans, the LMC advice is to wait until this has been resolved before taking action, particularly, where this involves practice expense.

Urgent Care Strategy – GP Access

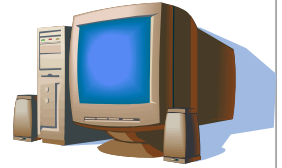
Following discussion of the Urgent Care Strategy at the July Liaison Committee, the LMC Executive Members gave their views on behalf of the LMC (**copy attached**), as there was no full LMC meeting in August. The Executive views were submitted to the full September LMC when Members involved in Commissioning or Urgent Care reported that there were big political pressures in Manchester to improve GP access before Walk in Centres could be closed, so this issue was not going to go away. There was also discussion about practices taking half days as GPs in other North West PCT areas had already been stopped from taking their half day and, with the current PCT clusters, it was likely that the Greater Manchester PCT would want consistency across its PCT areas. There was general consensus amongst all Members that there was no "one size fits all model" for general practices and it would be very difficult for NHSM, CCGs and LMC to resolve this. The LMC accepted it would be difficult to support practices that, compared to their peers, provided poor access without good reason. We will continue to keep you informed of any developments.

WHAT HAPPENED AT THE SEPTEMBER LMC MEETING continued ...

NHSM- IT issues

Mike Jones, Associate Director of IT, NHSM, attended the meeting to update the LMC on

- Latest EMIS PCS Enterprise incident on 18th August and exchange of correspondence between Mike and EMIS
- Delays in GP practices getting through to IT helpdesk (and recommendation to practices to leave messages on the IT helpdesk answering machine, when reporting problems, when the phones were not answered)
- EMISWeb – NHSM is looking for further practices to pilot EMISWeb. If anyone is interested they need to consider the following criteria:
 - a) They won't be able to use any third party *integrated* software such as Graphnet, MS Word, digital dictation & Docman. It is suggested that practices look at the EMIS website for a list of compliant and non-compliant third party products and cross check the list against products they currently use in the practice before volunteering www.emis-online.com/emis-partner-programme/accreditation
 - b) The IT infrastructure within the practice needs to be straightforward to be a pilot i.e. no separate Exchange servers/ mailservers
 - c) Because of the nature of the pilot and engineering resource/network expertise, large practices, with regret, cannot be considered
 - d) Only practices having access to Familiarisation Service, or those recently signed up to receive this, would be eligible.
- Summary Care Record – the LMC noted that a number of practices were working with NHSM to proceed with SCR as they felt they and their practices were ready. The LMC's continued concern is that patients have not been informed about the changes to the limited SCR as the former publicity campaign in Manchester, when all patients had received a letter had been about the previous detailed SCR.



QOF Steering Group

Alison Hutton reported on the 13th July meeting and she welcomed NHSM's willingness to listen to, and be influenced by the GP representatives on the Group e.g. NHSM had accepted Alison's suggestion to recompense practices who were eligible to appeal, but did not do so, against their PE7 and 8. She emphasised the importance of LMC/GP representatives on such groups.

NHS Pension Choice

It was noted that some GPs had been advised that their packs were not ready for collection, and the **LMC reminds those GPs that** have been advised to collect their packs from Parkway, but have not yet done so, to do so asap. It is possible for partners to nominate 1 GP to collect their packs, by emailing their permission, to avoid the need for all partners to attend Parkway.

Manchester Mental Health and Social Care Trust

(i) Shared Care guidelines

In response to the LMC request to be consulted on draft shared care guidelines, due to workload implications for GPs, the LMC has commented on the following drafts, to influence the decision of the MMHSCT guidelines Committee.

- Shared care guidelines for alcohol withdrawal drugs
- Shared care guidelines for Typical Antipsychotic Depots.

(ii) Requests for information from GPs

The LMC supported MMHSCT's request for GPs to provide information about the physical health needs of patients when admitted to hospital or crisis teams and for Care Programme approach meetings, as part of the CQIN agenda. They noted that this would be similar to information requested for intermediate care patients; and the aim was to improve the physical health of the patients. It was also suggested that CPNs should encourage patients to attend their GPs for their annual health check, as GPs struggled to get these patients to attend surgery for this purpose.

WHAT HAPPENED AT THE SEPTEMBER LMC MEETING continued ...

HM Coroner- Management of expected deaths

The LMC welcomed the softened approach from Greater Manchester Coroners regarding expected deaths in the out of hours period with effect from 1st August 2011. If the GP caring for the patient has informed the Out of Hours service that they will issue a MCCD when the patient dies then the OOH doctor attending to diagnose death does not need to inform the Police and the deceased person need not be taken to the Mortuary. **GPs are therefore reminded** of the necessity for robust systems to update their OOH service on expected deaths and if GPs are due to go on holiday, to arrange for a partner to assess the patient so they can complete the MCCDs in the absence of the patient's usual GP. Also, patients on the Liverpool Care Pathway require an assessment every 3 days and out of hours handover forms are updated every 14 days.

Manchester Acute Trusts- Referral to treatment waiting times



The LMC noted the requests from Central and North Manchester Acute Trusts for GP help in reducing referral to treatment waiting times by referring patients to alternative providers, with whom NHSM has contracts (see further information under Additional Items). The LMC Officers were particularly concerned as all the alternative providers listed were private. A number of issues around referrals being returned to GPs requesting onward referral, rather than the Gateway doing this automatically, will be raised with Simon Wootton, lead for the Referral Gateway.

Locality Issues

Former Dr. C. Vites practice and Victoria Mill practice

The GMS contract has been awarded to the Whitley Road practice, to commence on 1st October from Victoria Mill.

Pennine Acute Trust

Further to the June What's On, the LMC received responses from John Saxby, Chief Executive as follows

(i) Discharge Information

John Saxby accepted all of the LMC's points regarding the importance of timely discharge information and is taking this matter very seriously. In the Medical Admissions Unit they are investigating automated electronic discharge letter to be emailed to GPs as a solution; and on the general wards a system is being piloted which links discharge medication to the discharge letter i.e. no prescription without the discharge letter. They have established a Task and Finishing Group to ensure all aspects of the problems are addressed.

(ii) Notification of cause of patient death

Wef 18th July, GPs should receive notification of death by 1st class post and when the death certificate is completed by the clinician, the cause of death will be included on the pro forma which will be sent to GPs also by 1st class post.

Practices are advised to monitor the situations at (i) and (ii) above and to inform the LMC of any problems

National Issues

NHS Employers www.nhsemployers.org

NHS Community Pharmacy Contractual Framework 2011/12 Service Developments

This is referred to in the Hon. Secretary's report on page 1 of the What's On.

General Medical Council www.gmc-uk.org

Protecting children and young people: the responsibilities of all doctors

Stephen Dean has agreed to respond to the consultation on behalf of the LMC and his response will be submitted to the October LMC meeting. The consultation document is available from http://www.gmc-uk.org/guidance/news_consultation/8411.asp



WHAT HAPPENED AT THE SEPTEMBER LMC MEETING continued ...

Department of Health www.dh.gov.uk

The following were noted

- (i) **Developing the NHS Commissioning Board** available from http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_128118
- (ii) **PCT Estate – Future ownership and management of estate in the ownership of Primary Care Trusts in England** available from http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_129008

A full report from NHSM will be discussed at the October LMC meeting but potentially, only 1 Manchester practice may be affected.

- (iii) **Operational Guidance to the NHS – Extending Patient Choice of Provider**

- (iv) **Rolling out the NHS 111 service**

The LMC noted letter dated 4th August 2011 inviting SHAs to confirm their plans for NHS 111 services, which would be rolling out nationally by April 2013. GPC had informed LMCs that it was open to GP out of hours service to bid for NHS 111 and not just to Ambulance Trusts and NHSD and GPC encouraged LMCs and CCGs to be involved in the process. The LMC subsequently contacted GTD and the 3 Manchester CCGs and we now understand that the original intention for a pilot in the Greater Manchester SHA area has been shelved and NHS 111 will go straight to tender. It is not yet clear whether the service will have a North West or Greater Manchester footprint. The LMC noted the GPC concern that this was being rolled out before the results of the pilots were available. We will keep you informed.

GUIDANCE AND INFORMATION FROM THE GPC/BMA

GPC/LMC regional roadshows

Following the very successful regional roadshow, hosted by Manchester LMC in March and at which Laurence Buckman, GPC was the presenting negotiator, a further roadshow for the North West, hosted by Manchester LMC, will be held on Wednesday 2nd November 2011 at Hough End Centre from 7pm (food from 6 p.m.) when the presenting negotiator will be Richard Vautrey. Manchester GPs are encouraged to attend this important meeting, flyer and application form **attached**.

BNF – collection of last 2 editions

The Commonwealth Pharmacists Association has sought the support of GPC and, in turn, LMCs, in collecting BNFs, please see information below, and the **attached** poster for display in your surgery. The books are redistributed within 22 Commonwealth CPA member organisations to health professions in those countries. Each consignment of books is evaluated and below are comments from those evaluations:

Tanzania - Currently, BNF is only available in Tanzania because of the Pharmaid Scheme. Students, practicing pharmacists and doctors need these references in their day-to-day activities. Everybody is thankful that they were able to get them, but there is still a great demand for them.

Malawi - The books are sent each year to government hospitals, mission hospitals, training schools allowing staff in these institutions to have better information on dispensing of drugs to patients

Cameroon - The BNF helps pharmacists and doctors to reference information on different aspects of drug action and drug product information. They encourage excellence in graduating nursing students who receive them as a prize on their graduation

Pakistan - There is a strong need / requirement for these books in Pakistan for further upgrade the knowledge and capacity building of the pharmacists and other health professionals.

Requests for disclosure of data for secondary purposes

Comprehensive guidance is available from the BMA website at www.bma.org.uk/ethics/health_records/secondaryuses.jsp. Contact the LMC office for advice if you are unsure whether to release data.

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

Simpler reporting for the smallest businesses: discussion paper

GPC has sent LMCs a copy of the above mentioned discussion paper dated August 2011 produced by Department for Business Innovation & Skills and the Financial Reporting Council. It sets out ideas to reduce the amount of reporting that micro-entities would be required to undertake in relation to preparation of their accounts. Written responses are required by 30th October 2011. This is not relevant to the LMC as we are an unincorporated body, but it may be of interest to some small practices - copies available from LMC office on request.

ADDITIONAL INFORMATION

Referral to Treatment Waiting Times - Important Note

Lynne Thackray, Performance Manager, NHS Manchester has asked the LMC to circulate the following. You may already be aware that Central Manchester Foundation Trust (CMFT) and Pennine Acute Hospitals Trust (PAHT) are currently not meeting national 18 week waiting time standards in some specialties. The main specialties currently affected at both Trusts are General Surgery, Orthopaedics and ENT and Paediatric Surgery specialties at CMFT.



In the past the PCT and PBC often funded waiting times initiatives to ensure patients received treatment within 18 weeks of referral. Clearly in today's economic times it is not in their interest to do this.

Both Trusts have now got action plans in place to achieve waits within 18 weeks over the coming weeks and NHS Manchester is working with them as part of a wider health economy approach to support this.

There are also ways in which GPs can help to support these efforts, i.e. by offering more than one hospital choice to your patients and documenting this on the referral letters / forms that you send to the Referral Management Centre (RMC).

We appreciate that a number of patients will wish to remain with their local hospital as first choice of provider, but NHS Manchester has got contracts with other independent sector (IS) providers – *please see below* - should patients wish to consider treatment elsewhere.

If you state the patient's alternative choice of provider(s) on the referral form, the RMC can then let patients know the difference in waiting times between the identified hospitals and let the patient choose where they would like to go. If only one choice is identified on the referral form this stops the RMC from having this conversation.

You will be updated as waiting times reduce at both Trusts over the coming weeks.

Some of the independent sector providers that NHS Manchester has got contracts with and which you can therefore refer patients to **via the RMC** include:

- Spire Bupa, Manchester - Adult General Surgery, Orthopaedics, ENT
- Care UK, Greater Manchester CATS – Adult General Surgery, General MSK, ENT
- BMI Alexandra, Cheadle – Adult General Surgery, Orthopaedics, ENT
- BMI Highfield, Rochdale – Adult General Surgery, Orthopaedics, ENT
- Ramsay Health Care, Salford – Adult General Surgery and Orthopaedics

Treatment Room Services in North Manchester

North Manchester Clinical Commissioning Group is aware that GPs are currently experiencing problems accessing Treatment Rooms in North. The issues are being investigated at a senior level and an update will be sent to all North GPs soon.

ADDITIONAL INFORMATION continued...

Obstetrics—Patient Choice

There has been confusion about where women can receive their maternity care package from. This has been particularly affecting women who live on the border of North/Central and South/Central, and postcodes M20 and M21. Originally, "Making it Better" advised maternity teams to refer women to their local hospital whilst service transitions were underway. However, it has been confirmed that if women make a specific request they may retain the right to choice. If women would like to choose a hospital out of their local area then choice must always be offered. Community midwives should continue to make booking arrangements. If you have any queries the point of contact is Deborah Greenham, Central CCG, on 0161 765 4763.

Back office functions

Practices may be aware that there are a number of companies offering commercial procurement solutions for back office functions such as HR and payroll. If you are thinking of using one of these companies please contact the LMC office.

Overeaters Anonymous

Please see **attached** information regarding Overeaters Anonymous which offers a free service and GPs may wish to refer relevant patients to this service.

LMC Buying Group

Please see the **attached** letter from LMC Buying Group about a company called ProCure Health.

Sick Doctors Trust

Please see the **attached** information about Sick Doctors Trust, an independent charity to help doctors suffering from addiction.

Parent Partnership

Andrew Lomax, Case Worker, Parent Support Service has asked the LMC to inform you of the services offered by the Parent Partnership, **attached**. Andrew's contact details are as follows

Direct Line 0161 245 7309

Fax 0161 274 7184

Email: andrew.lomax@manchester.gov.uk

LMC Locum List

Please see the **enclosed** amendments to the 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
constituent LMC member
(details on the LMC Website)
or direct contact with the
LMC office**

