

LMC NEWS

Cornwall & Isles of Scilly Local Medical Committee

IN THIS MONTH'S NEWSLETTER :-

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Your Chairman writes

Whilst my back was turned dealing with the humdrum of GMS, four E-mails slipped into my Practice Manager's inbox, requiring some thought and discussion. Be reassured:

- You do not need to notify each of your registered patients of their NHS number by post but should continue to use it as a unique identifier and highlight it in communication with them;
- You are not required to respond with 'action plans' to each Safety Alert you receive but should acknowledge receipt and confirm an appropriate response has been taken—you will receive further information on this;

- You do not need to sign up to a 'Patient Group Direction' for your own staff working to your direction in your surgery, but should have an appropriate protocol. The last is a bone of contention; PGDs were a statutory instrument designed to free up staff and allow 'non-prescribers' greater flexibility
- But can be turned around to constrain activity. I feel it is important to maintain the flexibility and individuality of Practices, whilst ensuring safe and appropriate activity; I would embrace the use of a 'PGD' as a template for a practice protocol, allowing for you individual variation, but within your practice and its employed staff, a PGD is not an absolute requirement.
- And you do not need to get a signed consent before each flu jab, follow your usual safe practice for seasonal flu imms. The template paperwork is an aid not a proscriptive.

Over the next 3 weeks, you will receive your first 500 doses of H1N1 vaccine. You can use this to immunise your own staff, and please offer immunisation to Locums where practicable- we may need them. Frontline staff elsewhere employed should receive jabs from their occupational health services. Smaller practices (who may not use their initial allocation) might consider offering surplus to larger practices (it is free, after all...). Achieve immunisation rates for H1N1 3% greater than the seasonal uptake and you might earn a reduction in requirements for the 'Patient Survey' PE7 and PE8 QOF points (think of riches beyond the grasp of avarice...).

Your Chairman writes cont.....

The OOH contract is coming up for replacement. Our PCT wishes to look at innovative and comprehensive services: personally, I feel unscheduled care should be managed in a more cohesive way throughout the 24 hrs . I hope that GPs will involve themselves, not only in the design of a future service but in putting forward a bid. We will be involved in developing a specification. The PCT will develop a 'vision' and then 'scope' it (or vice-versa). Ignore my personal cynicism: it would be wonderful to see GP involvement in both the process and the final product. Having been involved in the past, I know that this is a huge task, and has become more complex and expensive, but you have the management skills and talent to bid. Remember, though, that the actual bid is a commercial document and will require professional advice to compete effectively.

The Registrars are requesting that your GMC number is included on a Death Certificate, in order to check doctors status using the GMC website. Not a requirement in law and no space on the certificate, but expect to have to back your name and signature with your GMC number with increasing frequency.

We expect the PCT to uplift LES payments for this year in line with the DoH expectation of 1.74%. Each LES now needs updating, which is work we propose to take forward with the PCT.

Swine Flu and getting started

Practices should now be days away from receiving their first supplies of swine flu. I am certain many will have already been working on identifying their patients. We know that the District Nursing team will visit house bound patients, and these may include those in residential home. You will need to liaise with your DN team to ensure that these patients are visited and receive the vaccination if they so wish. Remember you can claim for these injections. The PCT is suggesting practices do not have to administer injections in nursing homes as they should have suitably experienced nursing skills available, if they are not there are courses being run. They will use vaccinations from your supplies and again you can claim.

Fees under Collaborative Arrangements

Many years ago a set of fees were agreed nationally by the pay review body for a range of reports, medicals and certificates required by other statutory bodies. At the dawn of the new contract it was decided nationally that these would no longer be decided nationally. This means that practices have to agree their fees locally. We have been advised that we cannot negotiate a set of countywide fees as that would be regarded as price fixing.

In the absence of any agreements some local authorities have decided to keep fees where there were some four years ago, some have even tried to reduce them.

Practices are advised to ensure that they have a clear system for identifying such requests, sending a fee notification to the local authority and agreeing the fee payable and then completing the request.

These cover certificates such as disabled badges, blue badges, housing requests, medical examinations , health assessments, examinations and reports on children committed or about to be committed, to the care of a local authority. Also examinations and reports in a form recommended by the British Association for Adoption and Fostering (Forms C,D, YP, AME. AH, AH2. IHA, M/B).

The important step is to agree a fee with the local authority at the beginning, and not let them dictate to you what they will pay.

Patients rate practices on line

The NHS Choices website now allows patients to record their views on your practice.

We believe that you will be able to ensure that malicious postings will not be posted, and that practices have a right to reply.

However the feedback will be self generating, i.e. not a randomly selected population for a questionnaire. The BMA has long argued against this as a means of understanding patient satisfaction with services, has been supported the use of patient surveys, but remains concerned about the use of such patient rating systems.

Practices are advised to look at their entries on a regular basis to see if there are any entries that they may wish to challenge or respond to.

Employment & Support Allowance medical certificates

A number of practices have been reporting problems with patients requesting certificates before existing ones expire in order to ensure continuity of benefit.

We have been advised by the Department for Work and Pensions that customers should not be requesting certificates earlier than the expiry dates or be expected to. Whilst it is inappropriate for a GP to post date a medical certificate, they can overlap with a current certificate will not present an issue. Also if there is a gap of a few days between the expiry of a medical certificate and the issue of a further certificate, this can be dealt with at no detriment to the customer.

What do NHS Managers think about the GP contract

If you were uncertain then the article, link below, is very interesting reading,

<http://www.hsj.co.uk/news/primary-care/clunky-gp-contracts-raise-questions-on-quality/5006944.article>

This does get confused with other primary care contracting, and no surprise there are wide variations across PCTs. What is also interesting is the gap between £global sum per head spent by the PCT on administration and management (excluding its provider arm) is closing and in many cases are nearly the same

OBESITY.....WHO CARES?

I am the Primary Care representative on the Cornwall and IOS Healthy Weight Group which is a strategic level group leading on the obesity agenda for Cornwall. It has representation from Cornwall Council - Early Years, Family services, Transport, Leisure, Catering and Children and Young person's partnership, Cornwall Sports Partnership, Dietetics, Community Paediatrics, Health and Wellbeing Board, PCT - Public Health, Health Promotion, commissioning, School Nursing / Health Visiting, Family Services so a truly multidisciplinary committee!

I am keen to make contact with anyone from Primary Care with an interest in obesity in order to share information or take comments to the twice yearly meetings -Sept / March. Please email me at alison.flanagan@carnondowns.cornwall.nhs.uk

Kind regards
Dr Alison Flanagan

The Flu vaccine and patients travelling to MAKKAH for the HAJJ and UMRAH this year

Our grateful thanks to the London LMCs for this clear advice.

1. Seasonal Flu

Doctors and Nurses: The Saudi Embassy requires all Hajj religious pilgrims to be immunised against Seasonal Flu. You can do no harm and can get into no trouble by immunising religious pilgrims as requested by the Saudi Embassy.

Practice Managers: You may not charge patients for this vaccination but you may claim your costs from the PPA in the usual way, and charge for a certificate, as required by the Saudi Embassy.

2. Swine Flu

Doctors and Nurses: The key thing to understand here is that the H1N1 vaccine is only being made available to defined at-risk groups. The Saudi Embassy requires certificates of vaccination from all HAJJ pilgrims, *but only when the vaccine is universally available*. Explicitly, at present it isn't available. As I indicated last week it will become available over the 3 weeks commencing 26 October 2009, but this will not be on a universal basis.

The following is taken from the Saudi Embassy website (<http://www.mofa.gov.sa/Detail.asp?InNewsItemID=97610>):

Incoming travellers for Hajj from all countries must provide a valid certificate of vaccination at least 2 weeks old against Swine flu (H1N1) A before acquiring a Hajj Visa, if it is universally available.

The fact is that H1N1 vaccine is *not universally available* at this time, and is unlikely to be made universally available for the foreseeable future.

Thus the only requirement to vaccinate pilgrims is if they fall into the H1N1 at-risk groups. However, the following is also taken from the Saudi Embassy website:

Experts advise prospective pilgrims for Hajj and Umrah that the elderly and persons with chronic diseases, children and pregnant women should postpone the Hajj and Umrah pilgrimages this year for their own safety.

This leaves very few at-risk people to vaccinate, and even then they can only be vaccinated once you have the vaccine.

Patients who have not been advised not to travel to Makkah and who are not eligible for H1N1 vaccine will be protected by thermal scanning which will take place upon entry.

Practice Managers: This is obviously going to be a bit tricky to explain to worried patients, particularly if you practice in an area with large numbers of imminently departing religious pilgrims. It is therefore important to make sure that this is clearly understood by all, so that patients are given a clear and reassuring message. Please feel free to copy this advice as needed.

WANTED DEAD OR ALIVE ...

No that's not right. Try again ...

WANTED FOR URGENT QUESTIONNING ...

No, not quite

WANTED: GP WHO CAN COMPOSE ADVERTS

That's better!

8 Partner Practice WLTM a tall/short, dark/fair, thin/fat, m/f, energetic, brilliant, kind, N/S with GSOH doctor who likes patients, diagnoses well, treats effectively and completes our close knit team like the turnip in a pasty (to replace retiring partner of similar ilk). ½ time with a view to increasing to ¾ time.

To apply please send a CV and covering letter by the closing date of 07.12.09 to:-
Mrs Stephanie Jones, Practice Manager, Bodriggy Health Centre, 60 Queensway
Hayle Cornwall ,TR27 4PB

Or email to:- stephanie.jones@bodriggy-hayle.cornwall.nhs.uk

Vetting and Barring

Vetting and barring scheme (VBS)

The GPC will shortly be issuing guidance for all GPs (including what a GP employer should do) on the new vetting and barring scheme.

This scheme comes into play today (12 October 2009), and is being introduced in stages. From today, the following applies:

1. It will be a criminal offence for a person who is on a barred list (e.g. the PoCA, POVA and/or List 99) to seek or undertake 'regulated activity'. Regulated activity includes working as a GP, as a practice nurse and may also include working as a healthcare assistant. It applies to those who are already in post or are seeking a new post.
2. It will be a criminal offence for a practice knowingly to appoint a barred person to a 'regulated activity' post. Also practices should require an enhanced CRB check of all new recruits and of those changing jobs who will be undertaking 'regulated activity'.

Please note that the PoCA, PoVA and List 99 are being replaced by two new barred lists managed by the Independent Safeguarding Authority (ISA) - one for barred from working with children, and one for barred from working with vulnerable adults. The enhanced CRB check will now provide information held on these two ISA barred lists.

3. Employers have a duty to inform the ISA if they have believe that an individual has caused harm, or posed a risk of harm, to children or patients that they work with.

Please be aware that no central funding available to practices for CRB checks. Therefore the question of who pays for the check will be one for the employer and the applicant.

As noted above, GPC guidance on the new scheme will be issued in the very near future.

The ISA's website is: www.isa-gov.org

Lots of Flu stuff

The national flu website continues to be updated on a regular basis, it can be found on:

<http://www.nhs.uk/Conditions/pandemic-flu/Pages/Introduction.aspx>

This contains links to a variety of support materials including a patient leaflet (on the right hand side, about half way down).

The main Department of Health website also has a site dedicated to swine flu vaccination programme, and whilst the above site is intended for all, including the general public, the following is aimed more at health professionals:

http://www.dh.gov.uk/en/Publichealth/Flu/Swineflu/InformationandGuidance/Vaccinationprogramme/DH_107355

The following jointly agreed statement as been sent out on the subject on staff vaccinations:

A coalition of key stakeholders and staffside organisations have today issued a joint statement of support for the start of the swine flu vaccination programme. NHS Hospitals will begin vaccinating frontline healthcare workers and their patients who fall into at risk categories against swine flu from today. Around two million frontline health and social care workers will be offered the vaccine.

The following organisations have unanimously supported the programme:

British Medical Association (BMA)
Royal College of General Practitioners (RCGP)
Royal College of Midwives (RCM) , Royal College of Nursing (RCN)
Royal College of Psychiatrists
Royal College of Obstetricians and Gynaecologists (RCOG)
Royal Pharmaceutical Society of Great Britain
UNISON
NHS Employers , Department of Health

“The NHS depends on the people treating and caring for patients, day in day out – they are our most important asset and we are committed to protecting them and their families during the current swine flu pandemic.

“We fully support the swine flu vaccination programme - it will reduce the risk to staff, protect patients and help sustain services during the pandemic. By the nature of their work, many NHS staff come into close contact with patients and the public and have a higher risk of exposure to the virus.

“The vaccine has been thoroughly tested. All NHS organisations will be working hard to ensure that eligible staff are given access to the vaccination to protect themselves, their families and their patients from swine flu.

“We encourage staff to protect themselves with the swine flu vaccine, in addition to the seasonal ‘flu immunisation. It is your best defence against ‘flu this winter.’ We also support your right not to be vaccinated, and recognise that the decision to be vaccinated is a personal matter.”

Care Homes and Medications

In different parts of the country practices are reporting requests from care and residential home to receive a letter from a patients GP instructing the home to stop a drug, and that this is a request from the CQC.

We believe that this is over the top, as usual and that home s should be contented with a practitioner on visiting, scoring the item through on the Home’s MAR sheet. Obviously this also gets removed from the patients repeat screen in the surgery. This seems sensible and proportionate.

More Flu updates

The following is the latest advice following a meeting held on Tuesday 27 October with the PCT and covers a wide variety of issues concerning the H1N1 swine flu vaccination programme and possible epidemic.

Firstly make certain your buddy arrangements with a neighbouring practice are clearly thought out. If your surgery gets to the point where it cannot cope with demand over the next few weeks, the first question you will be asked is have you approached your buddy practice and how has that worked. For dispensing practices they must also remember to make certain that dispensing facilities are also maintained and may need separate buddy arrangements.

Practices should vaccinate their own staff. Staff employed by RCHT and other Cornish Trusts will all be vaccinated by their occupational Health Dept. Naturally in Derriford they are advising their staff who are in a high risk group, other than being an NHS employee, to do it differently and obtain their vaccination from their own surgery.

We would also expect practices to vaccinate locum GPs if they are a regular contractor with that practice.

Choose and Book and appointment issues

We are getting an increasing number of concerns raised by practices on strange booking arrangements at our local acute hospitals, and you will be pleased to know we are on the case, again. Examples include

- offering a patient who cannot attend one offered appointment, another one on the same day, and then because they are on leave then referring it back to the GP for a re referral;
- consultants asking GP to refer to another consultant because its quicker than themselves doing it; and
- patients being informed they will be see again in say three months, and then not receiving the next appointment, when asked all knowledge is denied and a new referral is requested. This not only manages waiting lists and times but also gains another first attendance fee at a higher cost than a follow up..

We have agreed, with the PCT, to compile a list of these so please send in examples to the LMC office by e-mail or fax. Names and addresses to be removed but a number to identify the patient would be helpful.

HCA, PGDs and the BMA

There is an increasing desire, by some, to obtain PGDs for all occasions, many are not actually required. Now whilst we understand that the PCT and even perhaps the RCN may regard such pieces of paper as examples of good practice, and indeed some of their content may even be useful for a practice protocol, they do not necessarily need to be in place in a practice.

The bottom line is that the GP that is responsible, and if they believe that a HCA, level II with the support of a short course, is sufficiently qualified to administer for example a flu vaccination, then the responsibility rests with the GP.

We are discussing PGDs with the PCT and will inform you of the discussion in a further edition.

Dr Basil Bile writes

"Ciao. Je m'appelle Basil. La plume de ma tante est bleue. Il conto per favore. Una bottiglia di vino rosso. Donner und blitzen. No entiendo. Buenas noches."

The above letter of application from a member of the medical profession hailing from foreign shores, applying to be included on the NHS Pointy Bit Of England Sticking Out At The Bottom's GP Performer's list, was very likely to have been successful until fairly recently. This was because an ability to communicate in English was not allegedly a priority if you can believe what you read in such august publications as Private Eye and The Guardian. Sadly for our continental chums we are assured matters have now been successfully addressed by those in Peeceetee Land and at least a basic smattering of the local lingo is deemed to be appropriate in order to wield the stethy under the auspices of the fluttering black and white flag of the Grand Duchy. Zut alors!

Meanwhile much media attention has been given to the impending retirement of radio broadcaster Terry Wogan and his soon to be bereft band of loyal morning listeners, dubbed the TOGS or Terry's Old Gits by the togmeister himself. Can I just point out that another much loved media figure is shortly due to retire? Modesty forbids me from mentioning his name on these pages but suffice is to say his dedicated readership are known as the BOGS, or Basil's Old Gits, and a couple of them have been in my minds eye over the last few weeks.

To my amazement Dr Phil Dumbit, former LMC Chairperson in a gentler bygone age and current resident old codger at Tescobus Surgery in Foulmouth, has been appearing regularly on the Washington Post website sharing words of wisdom with our former colony. "*Competition Is Not The Answer*" appeared on August 3rd when PD shared with his agog US internet audience the bon mots that "*in the UK we have a Government-sponsored health-care system with spiralling costs and attempts to introduce competition have led to cherry picking by private companies.*", omitting to point out by the way that leaves the rest of us to sort out the crap. But his piece dated September 10th really caught my eagle eye.

"*Use the Brain Before the Prescription Pad*" appeared below a photo of PD sporting a somewhat self satisfied smirk no doubt about to be removed by the chaotically arranged books and papers on the shelf behind him falling on his head. Hopefully after he has boosted his take-home pay with some Washington Post dollars he will be able to afford a surgery cleaner to tidy up a bit. We have one at the Abandonhope Surgery who doesn't so much remove the dust as rearrange it, but she could be available for a suitable signing on fee.

I do feel telling the Yanks to use their brain before the prescription pad is unlikely to go down particularly well in some quarters, and I notice that Dr Dumbit's homily received no electronic comments whereas the "competition is not the answer" effort did actually entice 5 responses, although mercifully it is not clear how polite or otherwise they may have been. Personally I always make a point of using my brain before my prescription pad, which is why my first patient of the day gets a drug prescribed for them beginning with the letter A, my second with the letter B, my third with the letter C until I reach Zovirax and head for home and a glass of well-earned Chateau Camborne.

Finally an even more ancient mariner and yet another member of the former LMC Chairman's Club, none other than former doyenne of family medicine in St Ives Ashtray Rooster, has been busy with his retirement present from his grateful partners, namely a cardboard disposable Woolworth's camera (guarantee invalid). In between hiding in hedges outside bedroom windows Ashtray took an interesting snap which tellingly reveals exactly what LMC Secretary General Ms Sunrise Molestrangler gets up to in her spare time...

