

Newsletter

GLOUCESTERSHIRE LOCAL MEDICAL COMMITTEE JUNE 2009 Edition

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Swine Flu is spreading. The situation changes daily. The LMC Office serves as a central communications site for concerns, queries etc if you need us. The LMC is represented on the Gloucestershire Local Resilience Forum by Dr Fielding and by one of Dr Seymour and your Secretary.

SWINE FLU – FACE MASKS

GPC advise the following: the SHAs are tasked to provide PCTs, and with them, the local Health Economy, with face masks. This includes Social Care, GPs and Mental Health teams. They have been supplied with the calculated quota of masks for these purposes.

For all general purposes when dealing with influenza-infected individuals **SURGICAL-TYPE MOISTURE-REPELLENT FACE MASKS** are recommended for encounters within 1 metre distance of the patient's face. Reception staff, therefore may avoid the need for mask-wearing by remaining behind a counter. It is quite likely that any mask which provides a barrier to large droplets would be effective, but the surgical-type face masks are those recommended by DH infection control experts.

The only occasion on which a higher-specification mask is recommended is for 'aerosol-generating procedures'. These are produced by high-pressure waves used to atomise or propel

infected liquids, e.g. tracheal intubation, bronchoscopy and tracheal toilet using high suction-when performed on patients with current influenza infection. Examples in General Practice would be uncommon, but airway toilet for a tracheostomised patient with active flu infection might be one, or possibly changing an ostomy bag in a patient with flu and watery diarrhoea. The relevant mask would be a FFP3 dust-mist, mask-type respirator properly applied to closely fit the face.

PANDEMIC FLU – GPC GUIDANCE

http://www.bma.org.uk/health_promotion_ethics/influenza/panflugp/index.jsp is a guide to GPs on pandemic flu, open to members of BMA and non-members. It is ever-changing, inevitably, so needs to be downloaded each time you consult it rather than printed.

For interest a useful one-hour business continuity planning game can be downloaded from:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_101332?IdcService=GET_FILE&dID=198368&Rendition=Web

BMA VISION FOR THE NHS

The BMA wants to see the NHS restored as a public service working co-operatively for patients, not a market of commercial businesses competing with each other. That's why the BMA is calling for an NHS which:

1. Provides **high quality, comprehensive** healthcare for all, **free** at the point of use.
2. Is **publicly funded** through central taxes, **publicly provided** and **publicly accountable**.
3. Significantly **reduces commercial involvement**.
4. Uses public money for **quality healthcare**, not profits for shareholders.
5. Cares for patients through **co-operation, not competition**.
6. Is led by **medical professionals working in partnership with patients** and the public.
7. Seeks value for money but puts the **care of patients before financial targets**.
8. Is fully committed to **training future generations** of medical professionals.

So what does this mean for ordinary GPs? Not a lot at first sight, because that is what we are all trying to achieve anyway. However it does encapsulate the essence of the primary care ethic under the NHS.

LICENCING. Most GPs will by now have let the GMC know whether they want to have registration alone (cost £145) or registration with licence to practice (cost £410).

Acknowledgements have intentionally not been sent out, so if you need to contact the GMC about it the quickest and easiest way of doing this is to ring their dedicated line on **0161 923 6277**.

GP TRAINEE SURVEY

A survey is being sent out to GP trainees regarding the work that they carry out while in their general practice and hospital placements. The results of the survey will be used in the BMA's evidence to the DDRB regarding GP specialty registrar pay. The GP registrar supplement has been reduced for a number of consecutive years so the evidence gained from the survey could be crucial in determining the future of

the supplement. It is very important that GP trainees complete it.

Please look out for it if you are a GP trainee and pass this information on to GP trainees if you are a GP trainer.

GP Trainees should also ensure their contact details are up to date via <http://www.bma.org.uk/gptraineeselections>

PCT PAYMENTS TO PRACTICES

We have been told, but no proofs provided, that some payments from the PCT are still coming to practices with inadequate information on what the payments relate to. This is disappointing as we thought that was sorted out last year. If practice managers do come across any examples of this still happening then please take it up directly and specifically with Julia MacLean at the FHS, copied to the LMC for information. The PCT assures us that they want to provide absolute clarity in payments, and will chase up anything that falls short of that ideal.

LEAVING A PERFORMERS' LIST

If you are moving from one performers' list to another you are strongly advised



to notify the PCT of your intent to withdraw from their performers' list, but **only once** you are accepted

onto the relevant performers' list of another PCT. This PCT will then only remove your name from their performers' list once they have confirmed that you have been accepted onto the other PCO's performers' list. They may not do so before that. This saves the awful prospect of your 3 months' notice period ending in this PCT's area without your actually being included on the performers list of the new area before those 3 months are up.

HIGHLIGHTS OF THE LMC MEETING

Highlights of the June LMC meeting not otherwise covered in this Newsletter are at Annex A.

LMC BUYING GROUP

Be aware that the LMC, on behalf of all practices in the county, has now joined the LMCs' Buying Groups Federation to

give practices the chance to have the benefit of some very sizeable discounts on popular and necessary goods and services at no cost to practices. A letter announcing this has been faxed to all practice managers.



It will be followed in due course by letters from the suppliers themselves. The suppliers will be forwarding a letter of introduction from the LMC – beware of imitations! A link to the details of the offers available is on our website: <http://www.gloslmc.com/links.html>

MENTAL HEALTH

Please have a look at the attached flyers from the 2gether Trust advertising for GP involvement and offering CBT training. Anyone interested?

WIDOWERS PENSIONS

There has been a long-standing and unfair anomaly in the case of the widower of a female doctor with NHS service before 6 Apr 1988 – such service does not count towards her widower's benefits. The BMA are taking this up with the NHS Pensions Agency and the case may go to judicial review as the consequences would be far-reaching.

WHAT'S IN A NAME?

As mentioned last month, the GHT is going to introduce a single point of contact for GPs to arrange the admission of unscheduled patients to secondary care. This will be the first step in the introduction of a single point of access which is the key product of Project UTOPIA. Note however that because GPs do call specialists direct sometimes the GHT is no longer going to call it the GPs' Single Point of Contact (with the pronounceable acronym of SPOC) but instead will call it by some other name - the Unscheduled Care Referral Centre is the current favourite. The hospital trust had hoped to introduce it at the end of July before the new doctors start in August but there have been recruitment problems so the projected implementation date is now 1 Sep. Initially if the ambulance has to be called it will still be up to the GP to do

so, but this will be reviewed 3 months after the system goes live.

THE DEAN NEUROLOGICAL AND REHABILITATION UNIT

Ramsay Health have opened a fee-paying 60 bed neurological and rehabilitation unit on the same site as the Winfield Hospital in Longford (GL2 9EE). The Clinical Administrator is Tracey Davies, whose e-mail address is Tracey.Davies2@ramsayhealth.co.uk; Tel: 01452 420216) from whom further information can be had.

HAVE YOU ANY DEAF PATIENTS?

If you need help communicating with deaf patients there is a free video signing phrasebook available to GPs. EMIS users can find a link within EMIS under "Internet Links", and this takes them to step 3 below. Others should simply use Internet Explorer:

1. Go to www.signtranslate.com
2. Select "GP Program - FREE access" in the red User Login area at top right and click Login.
3. Enter your NHS Practice Code (e.g. J80999) and click Login.



Once logged in, three regional versions of British Sign Language are available, and 12 foreign spoken languages. A short training video can be viewed by clicking on the blue On-Line

Training button. More detail is available under the blue HELP button.

There is also a live webcam link to BSL interpreters, but this service is on-demand and pay-as-you-go: just £2.50 per minute (minimum 10 Mins). This is accessed via the yellow On-Line Interpreter button

POTENTIAL SCAM WARNING!

Remember Nova Channel? They offered free listings in a directory but then called on the small print to charge practices about a thousand Euros a year for the privilege. There is a new 'offer' from a firm calling itself '**Physicians Therapists Guide**' which seems to be working on a very similar principle, but based in Portugal rather than

Switzerland. You should treat it with great caution if it arrives through your door.

PCT ADVICE RE TONER CARTRIDGE REFILLING

Refilling of toner cartridges is tempting but something of a false economy, as it can lead to increased unit failure and disruption to the surgery, and would invalidate the warranty of the printer itself.

Refilled toners can have different tolerances of manufacture. Also the gear/cog mechanism within the toner unit is designed to work optimally for the established life of the cartridge, hence keeping the initial purchase price as low as possible. If reused,



these components are over-used and the risk of breakdown is exponentially increased, leading to:

- Excessive leaking toner;
- Paper jams inside at the drum/toner;
- Paper jams at rear (fuser unit contaminated with toner);
- 'Toner Life End indication' error message appears, because the new toner detection mechanism has already been triggered previously.

The PCT is responsible for buying IT equipment and is asking you not to use refilled toner cartridges. The LMC supports this advice, but would add that, in the interests of saving toner and money, you might set the printer option to 300dpi instead of the standard 600dpi. The PCT is looking into whether that reduction in print quality will still produce readable barcodes.

ERRATA: E-MAIL MIGRATION

Reference the short article in the May Newsletter, the Office 2003 rollout isn't during this current 3 month period - exact timescale to be confirmed, but it will be this financial year as part of the email migration project.

Also, Debi Rice's email address is debi.rice@glos.nhs.uk

MAX'S MUSINGS

I sat up for a while the other night listening to radio and TV reporters trying to sound enthusiastic and interested about an enervating and uninteresting series of elections. It is hard enough to get worked up about a national parliamentary election. At least the media then report what our parliamentarians are up to, but the puppet local governments, and the very powerful and influential, but invisible, European parliamentarians do not benefit from the same daily news treatment. What they say or do goes largely unreported and is thus of only passing interest. When you consider what the European parliament can impose on the constituent nations it is strange that more attention is not paid to it. But perhaps the editors are reluctant to pay the journalists' travel expenses?

This month saw the annual outing of politically aware GPs to London for the LMC Conference. Imagine the biggest lecture theatre you have ever seen, well-lit but not always well-ventilated, with plush but not overly-comfortable red seating, large screen, microphones and photographers all over the place and many agitated GPs (or should that read 'GPs agitating?') on stage. In fact it is rare for a motion to generate much argument since most GPs are of one mind on most issues. A show of hands is usually close to unanimous. Occasionally a degree of excitement is generated by an electronic vote, in which the results are displayed on the huge screen above the chairman. But it is not a show. The decisions of the conference are binding on the GPC in their negotiations with the NHS Employers and the Department of Health over the coming year. This assay into medico-politics is important for the welfare of all GPs across the nation - yes, even the Celtic Fringe are represented. It is unlikely that any member of the government would ever attend, perhaps because they can never remember which department they have recently been reshuffled into? Or perhaps, having read their civil servants' brief that GPs are a tough lot,

they recognize when discretion is the better part of valour?

But perhaps this is a measure of how effective democracy can be. The delegates to the LMC Conference represent, on average, about 160 local GPs each. They may know many of their constituents personally. A member of the European Parliament

represents, on average, about 795,000 people, most of whom did not bother to vote for the member, and whom the member stands little hope of knowing. Small wonder, then, that it generates so little enthusiasm from the voting public. It is just too remote.

The death of Michael Jackson generates much more interest.

This newsletter was prepared by Mike Forster, LMC Lay Secretary, & the LMC Office



And Finally:

"I saw your patient today, who is still under our care for physical therapy."

"Both breasts are equal and reactive to light and accommodation."

"Examination of genitalia reveals that he is circus sized."

HIGHLIGHTS OF THE LMC JUN 09 MEETING

Those important items not already mentioned are:

GP Referrals. GP referrals to secondary care have been increasing nationally, which worries the PCT because they have to pay for them, and also have to allow enough in the budget to do so. The GPC has published a paper discussing the various factors that might affect the rate of GP referrals, and a summary of this can be viewed at

<http://www.gloslmc.com/guidance/latest/Factors%20influencing%20increase%20in%20GP%20referrals%20to%20secondary%20care.pdf>, via which you can also link to the original paper.

DES Payments. The aspiration payment for LD (Learning Difficulties) should be made by the end of June. The final figures for the achievement payment for last year are not yet available. Consequently a payment will be made by the end of June to help practices' cash flow, with the remainder being paid in July 2009.

Pandemic Flu – Buddying up. The BMA advice to those practices that have not yet set up a buddying arrangement is that they should, because failure to do so may be construed as a failure to comply with the costing methodology for ... practice payments during an influenza pandemic' agreed between the BMA and NHS Employers.

LMC Conference 2009. A summary of the conference is on our website at <http://www.gloslmc.com/link%20documents/REPORT%20ON%20LMC%20CONFERENCE%20final.pdf>

PM Representation on the LMC. This office is now in contact with the chair of the 5 Practice Managers Groups in the county to discuss how best to get practice manager representation on the LMC. Other LMCs have done so, and it offers a chance to get a better understanding of administrative issues that are sometimes raised at the committee.



Let's Talk

Dear Colleague,

Primary Care Training Programme - Gloucestershire

CBT Training and Supervision opportunity for GPs in Gloucestershire, July 2009 – July 2010

As you are aware 2gether are working hard to design and deliver a new Improving Access to Psychological Therapy (IAPT) service for people in Gloucestershire suffering from anxiety and depression. The Public launch date for 'Lets Talk' is **28 September 2009**.

Currently we are recruiting and developing the clinical services that will be on offer. In order to ensure that staff have the necessary knowledge and skill to deliver an excellent quality of service we are also designing a programme of bespoke CBT training events during July, September, October and November.

We are also very aware that even with the extra resource that IAPT brings, many people will continue to have their mental health problems managed by their GPs either solely or in association with other resources. We are keen to assist you by increasing your access to **CBT training and offer ongoing supervision** to groups of GPs who want to develop their expertise in the area. At this stage we want to petition expressions of interest and give you notice of forthcoming events so they can be noted for the diary. When we know the level of interest we can provide more details.

In addition, we are currently recruiting for the **Gloucestershire Mindful Primary Care Programme** in association with the Oxford University Psychiatric Research Department (Dr Freda McManus, Research Fellow) which is aiming to train GPs and other primary care clinicians in Mindfulness in relation to Health Anxiety as well as other forms of anxiety and depression. Please let us know if you are interested. This is a fantastic opportunity to develop your skills further and be able to train others in the approach.

If you would like to book a place on all or some of the forthcoming training days please indicate on the booking form. Can you also indicate whether you would like to have more information about the Mindful GP Programme and accessing CBT supervision over the coming year?

I hope you are keen to take the opportunity on offer and look forward to working more closely with you.

Yours sincerely,

Alison Sedgwick Taylor
Consultant Clinical Psychologist, CBT Master Practitioner
IAPT Gloucestershire Clinical Lead

Delegate Application Form

Name:	
Surgery:	

IAPT CBT Training Event Schedule:

Levels	Disorder	Trainer	Dates Half or Full Day(s)	Venue	Wish To attend
1,2,3	All Gloucestershire Mindful Primary Care programme	Dr Freda McManus Research Fellow Oxford University Psychiatric Department in collaboration with OCTC	Introductory meeting 8 September 2009 at 1.00pm	TBC	
1,2,3	Panic Disorder (with or without agoraphobia)	Alison Croft Oxford Cognitive Therapy Centre (OCTC)	Part 1, 6 July 2009 Part 2, 15 July 2009	Redwood Centre, GRH	Places still available
1,2,3	PTSD	David Wilcox	September 2009 (Dates TBC)	Redwood Centre, GRH	
1,2,3	Depression Behavioural Activation Standard CBT Mindfulness based Cognitive Therapy (MBCT)	Jo Ryder (OCTC) Candida Richards (OCTC) Thorsten Barnhofer	16 September 2009 1 day 18 September 2009 1 day 28 September 2009 1 day	Redwood Centre, GRH	
2	Delivering Guided Self Help	Lead:AST Senior GMHWs	9 September	Redwood Centre, GRH	
1,2,3	Social Anxiety	Gill Turnbull	20 Oct 2009	Redwood Centre, GRH	
1,2,3	Health Anxiety	TBC	23 September 2.00-5.00pm	Redwood Centre, GRH	

1,2,3	OCD	TBC	17 November 2009	Redwood Centre, GRH	
1,2,3	PTSD	David Wilcox	6 October 2009	Redwood Centre, GRH	
1,2,3	BDD	TBC	23 November 2009	Redwood Centre, GRH	
1,2,3	GAD	TBC	TBC	TBC	

Speakers

Alison Croft - Oxford Cognitive Therapy Centre, OCTC

Alison is a Consultant Clinical Psychologist. She is the Clinical Lead of a service for clients with severe and chronic panic and agoraphobia, and also works in an Oxfordshire CMHT.

Jo Ryder - Oxford Cognitive Therapy Centre, OCTC

Joanne is a Chartered Counselling Psychologist, with a particular interest in Bipolar Affective Disorder. She is a supervisor on the Oxford Cognitive Therapy Diploma Course.

Alison Sedgwick Taylor

Alison is a Chartered Consultant Clinical Psychologist and Master practitioner of CBT. She is the Clinical Lead for IAPT in Gloucestershire.

Candida Richards - Oxford Cognitive Therapy Centre, OCTC

Candida is a Clinical and Occupational therapist. Previously in the Anxiety Disorders Research Team at Oxford University Psychiatry Department, she now offers supervision and training to therapists, and cognitive therapy courses in the UK and abroad.

Thorsten Barnhofer - Oxford Cognitive Therapy Centre, OCTC

Thorsten is a Clinical Research Psychologist in Professor Mark Williams' team at Oxford University where he has been involved in research on cognitive and biological risk factors for depression and the effects of mindfulness meditation in reducing vulnerability to relapse.

Gill Turnbull

Gill is a CBT Master practitioner and is a Senior Therapist within the Gloucestershire IAPT service.

David Wilcox

David is a Senior CBT therapist with a special interest in PTSD. He is a Professional manager and Senior therapist within the Gloucestershire IAPT service.

Improving Access to Psychological therapies (IAPT) in Gloucestershire

Stakeholder Project- GP Stream

Let's Talk

What can General Practitioners do?

Gloucestershire has a long history of developing and delivering ground-breaking primary mental health services, over the years with many of you. With this in mind, the IAPT and Primary Care Development Team are seeking to recruit up to 3 GP's from across Gloucestershire for a period of 4-5 months to assist in the shaping of these new services locally.

The new IAPT service will need your assistance in:

- ❖ **Making services meaningful.** By supporting the Development Team, Consultant Psychologist and Service Manager in the development of IAPT services by shaping them to meet the needs of General Practice.
- ❖ **Increasing stakeholder involvement and engagement.** By working closely with all GP's in Gloucestershire to ensure that General Practices and IAPT/PC services work closely together to improve the mental health of the population.
- ❖ **Improving communication and establishing effective networks.** Establishing communication and facilitating networks within the Trust and external to the IAPT/PC service across Gloucestershire's health services, partner agencies and organisations.

What commitment is required?

As a local GP the service would seek your support by utilising your knowledge, experience and values for approximately 4-5 months within which a weekly commitment of 1 or 2 sessions per week paid at GP/PCT rates would be required.

What do I do next?

If you are interested in contributing to this exciting and innovative development within the county I would ask that you contact me, Caroline Andrews, IAPT/PC Development Manager on the telephone numbers below:

Caroline Andrews - IAPT/Primary Care Development Manager

Tel: 01452 504329

Mob: 07974103613