

# Newsletter

## GLOUCESTERSHIRE LOCAL MEDICAL COMMITTEE AUGUST 2009 Edition

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Life may seem quieter, but swine flu is not over yet and could come back with renewed force in the autumn. Now is the time to enjoy the respite and the better weather while we can. Let us hope that the Government will urge the Press to rein in the galloping hysteria that currently prevails in some quarters.

### **UCRC**

The Hospital Trust's new Unscheduled Care Referral Centre (UCRC) is now open. The first few days have had some internal teething problems for which they apologise. Their aim is to have patients assessed and treated by a senior member of the clinical team at the front door to ensure the right treatment is given at the right time and in the right place. In the early days of this new system patients may not be seen as quickly as they would like, or by a senior doctor immediately as this is recruitment dependent. Safety is of paramount importance and the hospital will always ensure that your patients are treated appropriately.

Whilst many of the processes have changed, the need for robust primary care gate-keeping remains. The Emergency Departments will be unable to cope with large volumes of unregulated attendance. The decision-making tree prior to referral into the hospital should not change, and any referral needs to be communicated to the hospital, prior to patient attendance. If your patient needs urgent acute assessment the hospital asks you please

to ring the UCRC on **08454 220022** to make the necessary arrangements. Patients turning up at A&E with a letter from the GP will of course be attended to, but it is not the most efficient way of doing things.

In due course it would be helpful to have your feedback about the system. There is to be a formal review of the service in early October, so responses by the end of September would be ideal.

### **DEATH IN SERVICE – LOCUM GPs**

The BMA has now agreed with the NHS Employers how dependants of a locum GP who dies in service are to be treated. Details can be downloaded via [http://www.bma.org.uk/health\\_promotion\\_ethics/influenza/panflugp/fludeathin\\_service.jsp](http://www.bma.org.uk/health_promotion_ethics/influenza/panflugp/fludeathin_service.jsp) Note their recommendation that GP locums should be engaged on a longer-term, fee-based continuous contractual basis, thus affording them type 2 (assistant) practitioner status under the NHS pension scheme regulations, which carries 24/7 death NHS in-service cover and NHS injury benefits, rather than locum practitioner status, which does not. The contract could be just for one day per week to

maintain continuous NHS Pension Scheme type 2 Practitioner status. Of course, where a GMS/PMS/APMS contractor (that is an NHS Pension Scheme Employing Authority) engages the services of a fee-based GP on a long-term basis they must inform the relevant PCT so that the correct level of NHS Pension Scheme employee and employer contributions can be deducted. You are encouraged to set up suitable contracts with your freelance GPs wherever possible on this basis.

### **PATIENT PARTICIPATION GROUPS**

The *Growing Patient Participation*



campaign is offering PPGs a chance to bid for up to £4,000 to help run local initiatives.

Projects must be achievable, must respond to local patient needs, and must have a real impact on the health and well-being of the local population. The deadline for application for the first round is 23rd November 2009. Awards will be made to successful bidders in December. The deadline for applications for the second round is 12th January 2010 and awards will be made in February. PPGs can apply by email or in writing. Application packs can be downloaded from [www.growingppgs.com](http://www.growingppgs.com). For more information or to arrange an interview, please contact the *Growing Patient Participation* campaign team on **020 7839 4321** or at [campaign@growingppgs.com](mailto:campaign@growingppgs.com).

### **COMPLAINTS PROCEDURE**



The GPC has put together a very helpful guide to the new complaints procedure which came into force in April 09. You can download it, and a set of Frequently

Asked Questions on the subject via:

[http://www.bma.org.uk/employmentandcontracts/independent\\_contractors/managing\\_your\\_practice/NHScomplaintspr oc.jsp](http://www.bma.org.uk/employmentandcontracts/independent_contractors/managing_your_practice/NHScomplaintspr oc.jsp). We are finding out from the PCT when their updated complaints guidance will be put onto their website – it currently stands at Oct 2006.

### **CHILD DEATH REVIEW PROCESS**

The GPC has issued a guidance note on the roles and responsibilities for GPs in the process of child death review. You can download it from:

[http://www.bma.org.uk/employmentandcontracts/independent\\_contractors/providing\\_gp\\_services/childdeathreview.jsp](http://www.bma.org.uk/employmentandcontracts/independent_contractors/providing_gp_services/childdeathreview.jsp)

If you are first on the scene where anyone under the age of 18 has died unexpectedly you should:

- If appropriate, attempt to revive the child and if successful move the child to A&E.
- If unsuccessful send the body to A&E unless there is evidence that moving the child might disturb a potential crime scene, in which case inform the police.
- Prepare a brief immediate history of the deceased including circumstances of the death, the position and condition of the body.
- Not speculate on the cause of death.

Note that while you are expected to cooperate fully with the Rapid Response Team and the Child Death Overview Panel this cooperation can be time consuming and is not part of the contract; you should be recompensed for preparing for and attending meetings (including travelling time) and reasonable costs involved. Practices may also charge a professional fee for their services. As always, the fee scale needs to be agreed with the PCT before doing the work or attending the meetings.

### **LEAD GP FOR GLOS CLINICAL ACADEMY?**

There is an opportunity to take over the role for lead GP for Gloucestershire Clinical Academy of Bristol University. This job has evolved over the 5 years that Martin Nicholas has been in post; from recruiting sergeant for teachers to a post with more teaching delivered locally, in small groups and in future in

seminar style. The recruitment is now more social networking with colleagues, and it would suit anyone who would like to develop their interest in education beyond just teaching in practice, and would include an opportunity to study for the Certificate in Medical Education. The role is fun, well paid (at the top of the consultant pay scale for 1 session a week) and can largely be done from your practice or home. The Administrators at the Academy provide fantastic support and guidance, and visits to the Academy buildings are rarely needed unless to teach, examine or meet with other teachers. Trips to Bristol amount to 3 or 4 times per year, and you would report to Peter Fletcher, our Dean locally, Barbara Laue and Andrew Blythe who lead GP teaching in the University, and ultimately Prof Chris Salisbury who oversees GP teaching in all parts of the University of Bristol course.

If you would like to find out more contact Martin Nicholas on 08444 772443 or e-mail at

[Martin.Nicholas@gp-L84040.nhs.uk](mailto:Martin.Nicholas@gp-L84040.nhs.uk)

or e-mail Peter Fletcher at

[Peter.Fletcher@bristol.ac.uk](mailto:Peter.Fletcher@bristol.ac.uk) .

### **MAX'S MUSINGS**

I wonder whether the world is becoming poorer, more inventive, more self-indulgent, more misanthropic or just plain selfish? The straw in the wind that triggered this thought was the sight of an undergraduate paddling himself



along the Cam while standing on a type of surf-board. Very innovative; much cheaper than buying your own punt, and much

easier to store in the winter; you can go where you please; and you don't have to look after delightful but helplessly un-nautical young ladies, aged parents and remote cousins. It would, however, not be so easy to drift downstream carelessly reading and drinking in the sunshine of youth's summer. I feel that punts provide a microcosm of the sociable, quirky and relaxed society that we should be seeking to preserve. I should be sorry to see them go altogether. And if the undergraduate wants to be really adventurous he should try the same trick on the River Severn as the tide flows in...

We do live in a changing world, where we are all encouraged to think 'green' and reduce our 'carbon footprint'. My wife and I do our bit by putting the used wine bottles into the glass bank, our back numbers of 'GP' and 'Pulse' into the paper bank, my wife's no-longer-wanted clothes into the clothes bank and what's left of my income (after she has spent it on 'bargains') into the high street bank. We do get some credit for the last of these actions, but precious little from the other three. I now discover that when I retire to Bournemouth in my GT wheelchair I may be forbidden to sell my current property until I have spent thousands on insulating its solid walls etc. I remember being told by my grandfather that during the War he painted a green plimsoll line at a depth of 4 inches in the bath, over which limit it was not to be filled. The more things change the more they stay the same.

However, I notice that the spam e-mails on my computer still try to sell me Viagra rather than Tamiflu, so there is hope yet that the general public knows what it really, really wants.

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

