

Newsletter

GLOUCESTERSHIRE LOCAL MEDICAL COMMITTEE DECEMBER 2009 Edition

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A Merry Christmas and a Happy New Year to all!



still strive to obtain what is fair for our practices.

SWINE FLU UNDER-5s LES

National negotiations for vaccination of under-5s broke down. What GP negotiators had consistently asked for was a reduction in contractual paperwork etc, to allow practices to cope with this vaccination programme in addition to their ongoing work, without harming patient safety and other aspects of medical care. The DH refused to move on this. As a consequence it was left to local negotiation to provide a solution. The need for such vaccinations is acknowledged to be urgent, so a LES has been rushed through with acceptable terms and at the last count nearly all practices have agreed to implement it.

SHARING OF SWINE FLU VACCINE

Not normally required or encouraged, but if it must be done then the

Being born optimists we are looking to 2010 to provide a government that not only says it appreciates general practice but also proves it by continuing action. Even if that doesn't happen we can still take comfort from the good that general practice does for society. There will, of course, be huge pressures on national budgets over the next few years. Despite the belt tightening we will

important thing is to preserve the 'cold chain'. See

<http://www.mhra.gov.uk/Safetyinformation/Swinefluinformation/swinefluvaccines/index.htm>

and

http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Dearcolleagueletters/DH_107396

PRACTICE BUDDYING

Elsewhere the system of mutual support between practices familiarly known as 'buddying' has proved particularly useful where the pressure to provide vaccinations becomes too great. In these cases it is good to be able to call on a neighbour for help.

PAYING LOCUMS

Would practice managers please note that it is important for locums to be paid within 10 weeks of the work being done as there is a time limit within which they have to present their receipted bills in

order for their national insurance to be paid.

DISPENSING PRACTICES

The payments that dispensing practices will be receiving in Dec/Jan will, for the first time, reflect failures by patients or their representatives to fill in correctly the sections on a prescription form to declare that they are exempt from charge.

The NHS Prescription Services' helpdesk can give practices guidance on how to sort and submit their accounts, 0845 610 1171. Practices can also test their knowledge with an online quiz www.nhsbsa.nhs.uk/prescriptions/quizzes

CHILD PROTECTION

The GPC has asked us to pass on that although there may be no explicit statutory duty on GPs to conform to child protection standards the GPC is under no doubt that 'protection of children is a clear duty for all GPs' and 'all GPs have a duty to remain up-to-date. This is set out in the GMC's *Good Medical Practice*. As a GP's work is likely to include child protection, you must maintain your skills and competence in this area in line with GMC guidance.'

ACHIEVING A RESPONSIVE PRACTICE

On 11 Feb 2010 at Exeter and on 25 Feb at Warwick the RCGP in conjunction with the BMA will be holding regional, free, one-day interactive events for GPs

and practice managers. They will address such issues as:

- Managing workload and demand.
- Making technology work for you.
- Marketing your practice.

See www.rcgp.org.uk/gpaccess

MIGRAINE

If you are interested in the treatment of migraine headaches you may like to look at the website for the 'City of London Migraine Clinic' on www.migraineclinic.org.uk for details of their weekend seminars.

LMC MEETING HIGHLIGHTS

Highlights of the December LMC meeting are at Annex A

CHOOSE AND BOOK

Like all IT systems, Choose and Book has had its teething troubles. Now that the dust is settling, a concise guide on how to use it to best effect is at http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/@sta/@perf/documents/digitalasset/dh_109779.pdf

A short résumé is attached.

LMC OFFICE OPENING HOURS

Normal opening hours until Thu 24 Dec (closed p.m).

Closed 25 Dec

Closed 28 Dec

Skeleton manning to check phone, post and e-mails 29 – 31 Dec.

Closed Fri 1 Jan

Normal opening hours from Mon 4 Jan.

MAX is on holiday, but he suggested you might enjoy the attached poem by the late A P Herbert.

And finally:

The patient was to have a bowel resection. However, he took a job as a stock broker instead.

Do not give your child more than the does written on the pack.

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



'The Doctor' by A P H

The doctor took my shirt away; he did it for the best;
He said, "It's very cold today," and took away my vest;
Then, having nothing more to say, he hit me in the chest.
Oh, he did clout my ribs about 'til I was bruised and red,
Then stood and listened to my spine to see if I was dead,
And when I shouted "Ninety-nine!" he simply shook his head.
He rather thought that rain would fall, he made me hop about the hall,
And savagely he said,

"There's nothing wrong with you at all. You'd better go to bed!"

"Oh you must eat no scrap of meat: no rabbit, bird, or fish.
Apart from that have what you please,
But no potato, bread, or cheese;
Not butter, alcohol, or peas;
Not sausage, egg, and ratafias¹ - a very starchy dish.
Have any other foods but these - HAVE ANYTHING YOU WISH!
But at and after every meal, and twice an hour between,
Take this — and this — and this — and THIS in water and quinine,
And wash it down with liquorice and nitro-glycerine.

"You must not smoke, or read a book.
You must not eat or drink.
You must not bicycle or run.
You must not talk to anyone.
It's better not to think.
A daily bath I don't advise.
It's dangerous to snore.
But let your life be otherwise as active as before.
And don't imagine you are ill,
I beg you not to mope.
There's nothing wrong with you — but still,
While there is life, there's hope."

I woke and screamed a hideous scream as greedy children do
Who eat too much vanilla cream, for I was having 'flu;
And it was just an awful dream
but, all the same, it's true.



A P Herbert

¹ Ratafia – a small macaroon (type of biscuit) flavoured with almonds

HIGHLIGHTS OF THE DECEMBER 2009 LMC MEETING

Dr Fielding, Vice-Chairman of the LMC, has been appointed as the Appraisal Lead for Gloucestershire.

We know that getting hold of Consultants on the phone can be tricky at times; they report that they too have difficulties contacting some GPs sometimes. Would all practices please ensure that their contacting arrangements are in place and up to date?

Practices can expect the 2Gether Trust to contact them about the new nurse-led mental health service. They asked that early teething problems be accepted in good part, particularly as to shortages of space in practice premises, while feeding comments back to the trust to allow improvements to the service to be identified.

The LMC saw, and rejected as being totally inappropriate, two FACE forms which district nurses were being invited to fill in every time they met a patient. The PCT is now looking into the issue.

If there is anything you can do to avoid bunching of admissions to the Acute Trust in late morning they would appreciate it; Project UTOPIA is still finding its feet. It would also be most helpful if GPs could always include more information in the admission letter on the level of care or packages of care and the drug list already present at home.

You will have seen the GPC Newsletter and noted that the revalidation issue grinds on without a final solution yet. Independence of the 'Responsible Officer' from the PCT is still an issue.

There have been issues with uploading QoF data to QMAS. The PCT assured the LMC that this would all be sorted out by the end of the year, and that practices would not suffer financially from any such temporary difficulties.

For PMS practices, the current wave of interviews and discussions will lead, the PCT assured the meeting, to a fairer, more transparent system under which there will be only be one PMS contract for those practices wishing to remain under PMS. All PMS practices are now discussing with the PCT whether it would be better for them to go to GMS contracts; the exact implications for those practices are still being clarified. The PCT hopes to get the new arrangements in place by the beginning of the financial year, but recognises that protracted negotiations may cause this to slip.

GLOUCESTERSHIRE LMC DOCUMENT SUMMARY

Document Title: Responses and operational requirements for the correct use of Choose and Book	
Document Originator: DH/ CFH/ NHS	Document Date: 8 December 2009
Download Full Doc from: http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/@sta/@perf/documents/digitalasset/dh_109779.pdf	Date of Summary: 10 December 2009
Document Summary written by: Mike Forster	
<i>N.B. This summary was correct when issued. Its accuracy cannot be guaranteed in the long term, since policies and organisations change. Although every effort will be made to ensure that it is updated the Reader is urged to exercise caution if the document at the time of reading is more than a year old.</i>	

Referring Clinicians (e.g. GPs) should:

- Undergo adequate and regular training on the Choose and Book application.
- Offer patients choice of provider, in line with national Choice Policy.
- Shortlist appropriate services for patients, preferably within the consultation.
- Ensure referral information is added in a timely manner.
- Ensure that any staff acting on their behalf are adequately trained, qualified for the roles they are undertaking and are authorised to act in this way.
- Ensure that worklists are checked regularly and that processes are in place for dealing with rejected referrals and Advice & Guidance responses.
- Ensure that business continuity processes are in place, in the event of access to Choose and Book becoming temporarily unavailable.

PCTs should:

- Ensure that the necessary and up to date hardware and software is made available to all referrers.
- Ensure that Smartcards are issued appropriately to all relevant staff and are updated in a timely way.
- Ensure that clinicians are trained and supported to make referrals themselves using Choose and Book.
- Ensure that patients are offered a choice of provider, in line with national Choice policy.
- Ensure that IT support is available to resolve technical issues and that response times are appropriate and adequate to meet the needs of the referrers.
- Ensure that any Clinical Assessment Services used locally provide real added clinical benefit to patients.
- Ensure that providers are managed in line with their contractual obligations to make enough appointments available on Choose and Book.

Provider Clinicians (e.g. Consultants/AHPs) should:

- Undergo adequate and regular training on the Choose and Book application.
- Use the Choose and Book application themselves to review, accept, reject or re-direct referrals.
- Take part in regular, clinical review of their services, ensuring that the Directory of Services is accurate and up to date.
- Ensure that any staff acting on their behalf are fully trained and qualified for the roles they are undertaking.

Provider Organisations should:

- Ensure that the necessary and up to date hardware and software is made available to all provider clinicians.
- Ensure that Smartcards are issued appropriately to all relevant staff and are updated in a timely way.
- Ensure that staff within their organisation receive regular training on Choose and Book functionality and how it should be used locally.
- Ensure that the Directory of Services adequately and accurately describes the services that are provided.
- Ensure that enough appointment slots are available on Choose and Book for patients to be able to book appointments at their first attempt.
- Ensure that business continuity processes are in place, in the event of Choose and Book becoming temporarily unavailable.