

Newsletter

GLOUCESTERSHIRE LOCAL MEDICAL COMMITTEE JULY 2009 Edition

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Swine flu activity, including phone calls from those who merely fear they may have the disease, has been heavily on the increase, and GPs continue to bear the brunt of it. Let us hope that the National Pandemic Flu Service call centre will relieve the pressure, giving GPs more time to deal with those who really need their advice.

However, GPs, their staff or their respective loved ones are not immune. When they start catching the disease there will be a need for flexibility, co-operation and timely communications if we are to keep at least emergency appointments and telephone triage going in all practices. This emphasises the need for good relationships: between practices planning to provide each other with mutual support; and between practices and the PCT, which may have to reinforce practices with clinical manpower from other areas as necessary, or to agree to reduced levels of service in affected practices for a time. The situation remains very fluid. The PCT is putting out useful guidance quickly, and will continue to do so. The LMC is collating information and will be happy to help where possible. Do contact us if necessary.

Remember, too, that we could be in for a long haul with this disease, but a vaccine is being prepared. In the meantime, 'Keep Calm and Carry On'. There are many worse diseases out there to be treated.



EMERGENCY SFE

The GPC is negotiating with the NHSE for an emergency SFE to take account of increased costs, dropped QoF activity etc which may occur as a result of a swine flu epidemic in this country. Until that agreement has been reached affected practices should keep details and reasons for actual expenses as they may need to use these in evidence to the PCT in any subsequent claim for exceptional reimbursement.

FLU SICK NOTES

Elsewhere in the country practices have had many requests from patients for medical certificates which their employers are demanding to prove that they are not infectious for swine flu. Whilst some of these are patients who are confirmed cases or who have had flu-like symptoms, some are merely contacts of cases or suspected cases or have even more tenuous links.

Clearly the provision of these certificates is not covered by our NHS contracts and is causing yet another significant additional workload for practices during this very busy period. The LMC has been provided with a template letter (attached) which can be given to patients to pass on to their employers. You can adapt this letter if you wish using your own practice letterheads and inserting your fee for such a certificate. We hope it may encourage some employers to behave a little more sensibly.

RETIRED GPs

If you are in contact with any retired GPs who would be interested in volunteering to help during a pandemic flu crisis the link to the appropriate BMA question and answer sheet is at http://www.bma.org.uk/images/pandemicflu_QA_tcm41-168392.doc

Note that employers of such retired GPs will have to provide them with indemnity cover; let the PCT employ them so that they are covered under the NHSLA scheme.

HUMOUR

Laughter is definitely the leaven in the dough of life, but the circulation recently of a PCT e-mail where the request for information 'daily at 3.30' had been subtly changed to 'hourly' was not as funny as the originator intended in that it caused a lot of extra worry and work at a time when we all need to minimise both in order to deal adequately with the matters in hand. Please make it clear when starting jokes running that they are intended as such. 1 Apr would be an ideal date as surely none but an April Fool would believe that the PCT in this county would ever ask for such an unreasonably frequent report?

IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES (IAPT)

We now hold a stock of CD-ROMs regarding practice based commissioning and IAPT. These are free on a first come first served basis to practices. Please contact Sue@gloslmc.com. They contain a number of documents in guidance and a draft business case for

those interested in commissioning the service.

FOUNDATION TRUST NEWS

The Gloucestershire Hospitals Foundation Trust has decided to reorganise slightly. The current Medical Admissions Unit (MAU) and the Acute Assessment Unit (AAU) will go, and in their place will be an Acute Care Unit (ACU). We understand that there will be three of these (two in Gloucester Royal Hospital and one in Cheltenham General Hospital) labelled respectively and inevitably: ACU 'A', ACU 'B' and ACU 'C'. Details of what they will actually do and when the change will take place have yet to be received.

On 3rd August the much-heralded Unscheduled Care Referral Centre (UCRC) (previously known as the Single Point of Contact) will open. The PCT has decided that the Single Point of



Access will also open on that date, both in Gloucester Royal Hospital and also in Cheltenham General Hospital,

for all unscheduled care admissions. Details of these 2 schemes are attached.

PATIENT CONFIDENTIALITY

The Joint GPC/RCGP IT Committee has asked that we pass on the following warning. Some GP clinical systems include functionality that allows a GP to restrict access to elements of patients' electronic health records to different levels of user within the practice. This functionality is not consistent across systems and any data that is hidden is likely to be revealed when the patient record is transferred to another GP clinical system. This can happen when a patient's record is transferred to another practice via traditional paper record transfer or GP2GP or following a data migration to another GP clinical system within the practice.

GPs are therefore advised to inform patients who want elements of their electronic health record to be kept confidential that the information is not likely to remain hidden when the record

is transferred to another system, either electronically or via paper transfer.

MAX'S MUSINGS

Max is on his holidays this month. Having read in the New Scientist that 26% of the USA's population are obese but have a 40% share of the swine flu deaths in that country he has gone for a fortnight to a health farm to lose significant amounts of weight – possibly enough to enable him to get back into his cricket whites, inspired by the recent victory at Lords, to do better this summer.

But in case you missed it, here is an article from the 'Weekly Mash':

'The Department of Health last night unveiled a non-emergency alternative to 999 for the thousands of people who call in everyday to say their leg feels funny.

The 111 number, chosen to match the numeracy level of its most likely users, will be manned by professional operatives who will use small words to explain why no-one is going to come to your house because your knee is making that weird clicky noise again.



Martin Bishop, an ambulance dispatcher from Knutsford, said: "It's very simple. If you're well enough to list your symptoms, you don't need an ambulance. Call back when you're unconscious, or can see a bright light at the end of a long tunnel."

Officials stress the 111 service is not designed to replace NHS Direct's key function of keeping you on hold for an

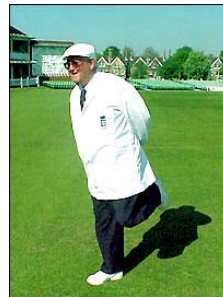
hour before telling you to go to your GP.

However the new service will offer a range of ring-tones and hangover cures.

If successful, GP provision could be similarly overhauled, with surgeries replaced by a vending machine dispensing Tamiflu, anti-depressants and contraceptive pills and a mechanical arm that pats patients on the head while saying 'There, there. That must be awful' in a soothingly robotic voice.

Holly Turnbull, 23, from Carlisle said: "I really hurt my finger yesterday. I would have called an ambulance but I couldn't dial because, like I say, I really hurt my finger."

(Editor's Note: Of course, we in Gloucestershire suspect that the 'Lord Nelson number' of 111 must have been chosen in honour of David Shepherd who played for the county for 14 years and as an umpire spent his time hopping from foot to foot for as long as



the score stayed at 111. In cricket the number is said to relate to Lord Nelson having only one eye, one arm and (erroneously) one leg. Patients dialling that number will now have to spend

time hopping from foot to foot whenever they dial the number while waiting for a response.

It would be boring to think that we are merely following New Zealand, which started using 111 as their emergency number 50 years ago

And finally:

'The lab test indicated abnormal lover function.'

'Skin: somewhat pale, but present.'

'The pelvic exam will be done later on the floor.'

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



MAIN POINTS FROM THE LMC'S JULY MEETING

Swine Flu. A great deal of time was spent discussing Swine Flu. The general feeling was that:

- The disease is not severe at present, but there is a lot of panic about.
- Because the incidence in different parts of the country varies there is no way that a national policy for dealing with it will be appropriate at all times and in all places. Local autonomy is essential.
- Ideally, treatment needs to be consistent, though it will be difficult to ensure that this happens.
- There is a need for a local clinical lead, and the PCT has accordingly agreed to set up a Flu Clinical Reference Group.
- Telephone calls to practices are increasing significantly.

PE7 and PE8. The results are now out, but are so voluminous as to be impossible to gain information from them. An expurgated copy, showing the Gloucestershire figures is available from the LMC if you want it – all 31.5Mb of it. The PCT is going to advise how the now quarterly surveys are going to be viewed. E.g. will the results be averaged, or the last one taken, or will there be some more complicated arrangement? The LMC felt that each reading should be noted since it would show the wild swings postulated as being the inevitable result of having too few people expressing too unrestrained a view.

PBC – Fair Shares Adjustment. The PCT proposes to alter the indicative budgets for PBC clusters to make them more fairly reflect the numbers of weighted patients involved.

QoF – Loss of the Square Rooting Formula. If there are any practices which have only just recognised that they may be losing out significantly as result of the loss of the square rooting formula they should contact this Office.

GLOUCESTERSHIRE LOCAL MEDICAL COMMITTEE



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To whom it may concern

24 July 2009

Dear Sirs

Re **Swine Influenza- requests for medical certificates**

You have asked your employee to provide a medical certificate to confirm that he or she is not infectious, or is no longer infectious, from swine flu.

I would refer you to all information issued by the government on this matter. In particular you might care to visit the NHS Choices website at www.nhs.uk. This will advise you that patients may be infectious from swine flu up to 7 days after the onset of their symptoms and are no longer infectious once their symptoms are gone. GPs are not in a position to give any further information over and above this in respect of their patients' infectivity and it is completely pointless asking your employees to provide medical certificates from their doctors. If there are no symptoms then without laboratory analysis facilities neither the patient nor the doctor has any way of knowing whether the patient has the disease and is infectious. Moreover, whilst health services are fully stretched dealing with the current pandemic situation, your request that your employee provides you with such a certificate adds another totally unnecessary burden on GP services and is extremely unhelpful.

If you really feel that you must have a medical certificate to confirm lack of infectivity then this should be arranged through your usual occupational health channels and not by asking your employees to obtain one from their GP. If you insist on a GP's certificate then this service is not provided under the NHS and the practice will have to issue a private certificate. However we do not think it is fair to ask patients to pay for this service and thus you should reimburse them the practice's current professional fee for a private medical certificate.

We trust this clarifies this situation for you.

Yours faithfully

Mike Forster
LMC Lay Secretary



Unscheduled Care Referral Centre (UCRC)

What is it?

A dedicated phone line manned by senior nurses.

The centre will improve the service provided to GPs and other healthcare professionals wanting to refer patients with urgent healthcare needs to Gloucestershire Hospitals NHS Foundation Trust.

The Centre will have access to real-time bed state data to ensure that patients are transferred to the most appropriate acute or community facility.

The service will also improve GP and community staff access to urgent specialist consultant opinion within the hospitals.

Questions and Answers

Q. Is this service for GPs only?

A. No, this service is for any healthcare professional who wants to refer a patient into the hospital with urgent care needs. It is **NOT** to be used by members of the public.

Q. Who will provide the service?

A. The service will be provided by a team of Senior Nurses with emergency and acute care backgrounds.

Q. What other services can I use the number for?

A. This service is **ONLY** to be used by GPs and community staff for the referral of patients with urgent/unscheduled care needs.

Q. What is the telephone number?

A. The contact telephone number is **08454 22 00 22**. All other enquiries should go through the usual channels.

Q. Will I still have access to consultants to get urgent specialist advice?

A. Once you have called the referral centre, a Senior Nurse will transfer the call through to a specialist who can give appropriate advice or ask you to provide a contact number so that a consultant can call you back.

Q. When will the service 'go-live'?

A. The service will go live on Monday 3rd August 2009

Q. What hours will it be open?

A. The service will be staffed by Senior Nurses from 08.00 – 20.00 Monday to Friday and 09.00 – 17.00 at weekends. Outside these hours the number will be diverted to a Senior Nurse in the Emergency Department.

If you have any feedback or comments, please email: UTOPIA@glos.nhs.uk



Single Point of Access

What is it?

A single point of entry for patients with an unscheduled care need. The default point of access for these patients will be the Emergency Departments (EDs). It is assumed that 94% of unscheduled attendances will come through ED. The single point of access will be open at Gloucestershire Royal Hospital and at Cheltenham General Hospital from 3rd August 2009.

Questions and Answers

Q: Why do we need to have a Single Point of Access?

A: To improve the quality of care for patients. All patients presenting to acute unscheduled care will receive a senior review in the ED before being discharged, admitted or transferred to the most appropriate care setting.

Q: What about specialty patients who are normally admitted directly to the ward?

A: Admission arrangements for some speciality patients e.g. oncology, paediatrics, renal etc, will remain unchanged. It is assumed that 6% of patients will go direct to speciality wards.

Q: What about patients admitted directly from Outpatient Clinics?

A: Patients admitted from Outpatient clinics have already had a senior assessment (in clinic) and there is no added value from further assessment in the ED. These patients should be admitted directly to a speciality ward unless they have a clinical need unrelated to the speciality appointment.

Q: For GP referred patients who decides which ED the patient is directed to?

A: The Unscheduled Care Referral Centre (UCRC) will determine this and will inform the referring GP which ED to direct their patient to.

Q: How will the UCRC know which ED to direct the patient to?

A: The UCRC will receive regular updates on capacity in the EDs, ACUs and the Trust as a whole. The management of capacity will be improved with the implementation of a new patient tracking IT system which is being procured by the Trust.

Q: How will the EDs know there is a GP patient on their way to them?

A: The UCRC will notify the EDs by fax or by using the Expected Arrivals System (EAS) which has been designed as an interim measure specifically for this purpose. When the patient tracking software is in place the whole unscheduled care team will be using the same system.

Q: How will patients get booked in?

A: Walk-in patients (GP referred and those that self-present) will be booked in at the front desk reception. Patients arriving by ambulance will be booked in by a receptionist sitting in the majors area.

Q: What happens if an ED department is full and can no longer accept GP patients?

A: One of the aims of deploying additional resources in ED is to increase the speed of flow through the department in order that patients are seen, treated and discharged or admitted to the right place as quickly as possible. Minor estates works are planned for the CGH ED to make the most of the existing physical space. If capacity in both EDs becomes a problem then GP referred patients can be admitted directly to the Acute Care Team via the Unscheduled Care Referral Centre (UCRC)

Q: Does the 4 hour target apply to the additional patients coming through the EDs?

A: Yes. All patients must be seen, treated, admitted or discharged from ED in under four hours

Q: What if the Single Point of Access doesn't work?

A: The system will be under constant review and it is acknowledged that processes may need refinement during the implementation phase.

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