

Newsletter

GLOUCESTERSHIRE LOCAL MEDICAL COMMITTEE

JANUARY 2009 Edition

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Happy New Year to you all!

2009 promises to be a year of turbulence and change; the government (of whatever stripe) will be raising standards and minimising costs, and even making compensating reductions to balance the national budget. The new GP-led Health Centre will open in Gloucester. Revalidation will come a step or two closer. The PCT will continue to work towards harmonising the very varied contracts that have grown up over the years.

REVALIDATION

Revalidation will at the least impose a degree of stress on GPs: after all, failure to revalidate will mean that the GP will be suspended from practice, and will have to retrain in those areas where he or she is deemed to be below par. It has not yet been decided who will pay for this training, but the worst case is that the GP concerned will not only have to pay for the training but will be receiving no income in the meantime. It is likely that most GPs will pass revalidation with flying colours, but a few will not. All GPs should start gathering material for their portfolios now to make sure they are among the 'sheep' rather than the 'goats'. For guidance you should look at the RCGP consultation paper:

http://www.rcgp.org.uk/news_events/college_viewpoint/current_consultations/revalidation.aspx. Although the date for replying to the consultation is past it contains useful information.

FREEDOM OF INFORMATION ACT 2000

Many of you will already have the following sorted out; for those practices where it was not the shark nearest to the raft over the last few years this is a reminder. The Freedom of Information Act 2000 (FOIA) requires all public authorities (which includes GP practices working under a GMS or PMS contract) to have in place by 1 Jan 2009 a publication scheme approved by the Information Commissioner, and to publish information in accordance with that scheme. As of January 2009, there is one approved model scheme which needs to be adopted by all 'authorities'. The scheme lists information under seven broad classes. Each authority then needs to prepare a guide to information for the public, which gives details of what information the authority will provide under the scheme. The definitive model scheme for GPs (the headings and categories are not to be altered - just fill in the details) can be downloaded from:

http://www.ico.gov.uk/what_we_cover/freedom_of_information/publication_schemes.aspx#doctors

If you need more general guidance on the scheme this can be downloaded from:

http://www.ico.gov.uk/what_we_cover/free_dom_of_information/publication_schemes/what_you_need_to_do.aspx

A reference in your practice leaflet or website to the publication scheme will usually be enough to publicise it, and you do not have to submit it to anyone for approval, so long as it follows the agreed model.

If you are actually asked to search for and provide information under the scheme, and you reasonably estimate that a member of your staff is going to take more than 18 hours to find the information requested then you do not have to do it. But this will be unusual; information is normally found fairly easily. A charge, usually of up to £10, can be levied for confirming the fact that the information is held, and revealing what it is.

PANDEMIC FLU

There is now a website run jointly by the GPC and RCGP which gives guidance to GP practices on how to prepare for a flu pandemic. The advice is being added when it becomes available, so the site needs to be visited regularly.

<http://www.dh.gov.uk/en/PublicHealth/Flu/PandemicFlu/index.htm>

It should be read in conjunction with the advice already issued. It requires, for instance:

- Every practice to be linked with at least one other in a 'buddying' system.
- LMCs to consider developing a 24/7 'duty officer' contact rota to advise and assist the PCT in an emergency.

PCT OOH REVIEW

You will by now be aware that the PCT has taken a unilateral decision to review the primary care OOH system. (The Ambulance OOH service is unaffected.) This has resulted in a new agreement (not a contract) involving increased payments across the board, although some areas are taking a cut. The LMC was not involved in this planning, but remains concerned that the new system should provide a quality service to our patients. We are also concerned that the workload should be evenly distributed, and that fair terms and conditions should apply.

IT SUPPORT

One of the knots to untangle when implementing extended opening hours is the support for practice IT systems during those hours. We have been asked to advertise the

fact that Dan Corfield from the PCT (08454 22 1725) is keen to hear of any problems in this area that you may be experiencing or anticipating.

LEARNING DIFFICULTIES DES

The PCT confirms that the DES will cover patients who are not on their list because they originated from outside the county but who are on your list because they are now in a local care home and suffering from moderate or severe learning difficulties.

ALCOHOL DES

The Gloucester Drug & Alcohol Service [GDAS] are offering training for Practice Nurses & HCA's in brief interventions in Alcohol Misuse.

CHOOSE AND BOOK PAYMENTS

When the new LES was set up it was acknowledged that some referrals might not go through successfully and practices were invited to keep a log/audit of the referrals that failed so that the PCT could honour the payments for those referrals. The LMC has obtained confirmation from the PCT that they will retrospectively provide the £4.50 fee in suitable cases. Practices should thus apply with copies of their log/audit to the PCT for payment.

PAYMENTS BY PCT

The LMC has been made aware of a number of cases where the payments made by the PCT to practices have been late, incorrect, unreferenced or even duplicated. It would be advisable for practices, as a common matter of financial prudence, to check all payments and to take steps to correct any errors or omissions.



CREDIT CRUNCH

On behalf of all small businesses (i.e. GP practices) we welcome the following statement on the Gloucestershire PCT website *'We will be doing what we can to support local businesses and suppliers who may be facing difficult trading conditions. We have pledged to pay invoices from local companies as soon as possible and within 10 days, where practical.'*

TERMINATING PMS CONTRACTS

The Personal Dental Services contract looks very much like the PMS contract. The Court of Appeal held in a recent case that the 'unconditional' termination clause within the Personal Dentist Services (PDS) contract did not give the PCT an additional right to terminate the contract unconditionally; it could only be terminated for the reasons specified later in the contract. As PMS contracts operate with the same type of clause, this strongly suggests that PMS contracts cannot be unconditionally terminated either.

GP PATIENT SURVEY

If you want to see an example of the GP Patient Survey which will be used this year (all 47 questions of it) please see: <http://www.gp-patient.co.uk/download/example.pdf>

Much of it is fair, but it does contain such leading questions as 'Would you like your GP surgery to be open on a Sunday?'

HOUSING LISTS

There will be times when GPs are asked by the authorities for a medical report or certificate to inform a decision on a housing application. They recognise that they should pay for it. However, in many cases the council informs the person on the housing list that they will get higher priority if they have one or more recognised reasons for priority. One of those reasons is a medical condition. The councils argue that if the patient after hearing this information from the council asks the doctor for such a certificate in order to get higher up the housing list then the patient should pay for it. The LMC view remains that GPs should refuse all such requests by patients; if the patient's condition warrants a report then the patient has the right to mention it to the housing authority which can then ask for the report to prove the assertion. If the housing authority wants a report they should ask for it, and pay for it.

CHANGE4LIFE

The new government initiative called Change4Life started at the beginning of January. It aims to encourage every family to eat well, move more and live



longer, in order to halt the rising tide of obesity. It hopes to become a popular cause, following the Comic Relief model, by involving as many people and agencies as possible. You may be asked to advise or help; could you, please? If you (or your patients) want to know more about it there is a well-presented and informative website at:

www.nhs.uk/change4life.

CANCER PATIENTS AND SCRIP CHARGES

Those undergoing treatment for cancer, the effects of cancer, or the effects of cancer treatment will be eligible to apply for an exemption certificate that will exempt them from all prescription charges for 5 years. Revised application forms (FP92A) to include the new category will be distributed direct to practices by the NHS Business Services Authority (BSA). Otherwise, the arrangements will be the same as for the current medical exemptions. Pending receipt of an exemption certificate patients should ask the dispenser for an NHS receipt (FP57) (which is also a refund claim form) when they pay a prescription charge. The BSA plans to distribute sufficient pads of forms to practices so that each doctor may hold a pad. Additional pads may be ordered via the PCT as usual, as can pre-addressed envelopes for dispatch of the forms. Pads will be distributed before 1 April and applications will be accepted after this date. Locally amended versions of the current form will not be accepted. GPs will be asked to give an application form to relevant patients as they present but will not be expected to search through records to identify other patients.

BMA JUNIOR MEMBERS FORUM



This enjoyable 'introduction to medico-political debates' will be held this year at Clare College Cambridge on 28/29 Mar 09 on the theme of 'Family Values'. The event is free for those selected, with meals provided from Fri evening and a semi-formal dinner on Sat evening. It is an excellent way to start or boost a politico-medical career. It is aimed at BMA members who are within 12 years of provisional registration and who have never attended one of these weekends before. Those wishing to know more or

attend should contact this Office no later than Wed 28 Jan as we have to get nominations to the BMA by Fri 30 Jan.

POLICE DEMANDS

Police may sometimes demand disclosure of patient information. Any information about identifiable patients is confidential, including who the patient's doctor is or when he or she attended the practice. A practice should seek more information from the police about why they are seeking the information before deciding whether it is appropriate to release information. The information needed will include:

- Is it possible to obtain the patient's consent to disclosure? If not:
 - What is the crime and is it sufficiently serious for the public interest to prevail?
 - Is the patient, or are others, at risk of death or serious harm?
 - Would the task of preventing or detecting the crime be seriously prejudiced by refusing access to the medical record?
 - Is the information sought available from another source that would not necessitate a breach of doctor-patient confidentiality?

If it is not possible to obtain consent, and the doctor is not satisfied that a public interest disclosure is justified, the police may seek a court order, which takes the onus for making the decision away from the GP.

For further information regarding confidentiality, please see the BMA Ethics department guidance at:

http://www.bma.org.uk/health_promotion_ethics/confidentiality/ConfToolKit08.jsp

The GMC guidelines on the disclosure of patient information can be found at:

<http://www.gmcuk.org/guidance/current/library/confidentiality.asp#Disclosures%20where%20express%20consent%20must%20be%20sought>

COMPLAINTS PROCEDURE

No need to take action yet, but you should be aware that the Government intends to publish regulations that will bring the health and social care complaints systems together. GP practices will be affected. The government is only laying down a framework - the actual implementation is to be decided

locally by the PCT in consultation with the LMC, among many others. The government's current plan, which may change, is that from 1 Apr 09:

- Patients will be allowed to complain directly to the PCT.
- A log of all complaints will have to be kept by the practice, to form the basis of an annual internal report, copied to the PCT and available in an anonymised form to patients, showing what actions have been taken and the lessons learned.
- Those complaints dealt with by practices on the spot will not have to be reported to the PCT, but all other complaints must not only be logged but also copied to the PCT within 3 days. Verbal and telephoned complaints will have to be put down in writing by the practice before forwarding to the PCT.
- PCTs will have a duty to ensure that practices have a complaints handling procedure in place.
- All complainants must receive a sign-off letter, usually signed by a partner or PCT Chief Executive depending on the level at which the complaint is dealt with.

MINOR SURGERY TRAINING

The Primary Care Training Academy in Birmingham continues to offer highly commended 'Minor Surgery Skills Courses' in 2009 for GPs, GPwSIs and Nurse Practitioners at the academy's training venue in Birmingham. Details at

www.primarycaretrainingacademy.co.uk

You can also contact the Courses Director, Mr Hassan, FRCS., on 07974 943 860 or pctacademy@yahoo.co.uk.

084 NUMBERS

The government has put out a consultation paper about the use within the NHS (but we think they mean GPs) of 084 numbers. The LMC advice is that if you have strong feelings on the subject you should respond to the consultation. It can be accessed via <http://www.dh.gov.uk/en/Consultations/Liveconsultations/index.htm> and the closing date is 31 Mar. You can respond either as an individual phoning in to an organisation that has such numbers (e.g. the PCT) or as a



practice that has an 084 number, or even one that does not. All inputs welcomed.

PATIENTS: WHEN ARE THEY YOURS?

We have been told that there is some doubt about when a patient becomes your responsibility. Transfer of responsibility from one practice to another takes place as the patient hands the completed application form to your receptionist.

LOCAL PRACTICE NEWS

The Church Street Practice in Tewkesbury has asked me to pass on some good news to you. One of their nurse practitioners, Mandy Mowbray-Pratt, took part in the Extreme Dreams programme with Ben Fogle last summer (and unfortunately broke her leg during the filming!). The programme with Mandy in it is being screened every evening during the week commencing 26 January at 6.30pm on BBC2.

Coincidentally, also on Monday 26 January on BBC2, immediately prior to the programme with Mandy in it, Patti Cane - their medical secretary - will be on TV in the Eggheads quiz show at 6.00pm.

LMC MEETING HIGHLIGHTS

Highlights of the Jan 09 meeting are at **Annex A**.

CARE FIRST

The PCT are keen to advertise the existence of a free, continuously manned, confidential helpline open to all doctors, practice staff and their families. Details are at **Annex B**.

STROKE

See attached page at **Annex C** for a summary which may prove useful to patients.

MAX'S MUSINGS

One of the greatest gifts we can receive at Christmas time is that of peace and freedom from care. It gives us the serenity to overcome the frustrations of the car breaking down 5 minutes into the family journey to visit the grand-parents, ten times more water being added to the chocolate mousse mixture than Delia recommended, the fuses blowing on the Christmas tree, the loss of

the envelope on which were written all the gifts the children received so that they could write appropriate letters, and the central



heating breaking down on New Year's Eve. It even allows us to rise above the irritable bickering of relatives confined at close quarters. We can appreciate the beauty of the frost patterns on the inside of the bedroom windows in the morning

and the half-inch long hoarfrost on the hedgerows on the hill above the house. Christmas is indeed a wonderful time of the year, and is over all too soon. The rubbish generated never quite fits in the wheelie-bin. But that isn't being emptied for another week or so anyway. Who cares? The surgery is still full of those suffering from winter ailments, most of them quite genuine. So it is back to work now, fully recharged. My one fly in the ointment is that the new thin-faced titanium driver I received for Christmas may (according to the BMJ) make such a crack when it hits the ball squarely as to render the user deaf. Perhaps, if I just go on slicing and hooking the ball, the noise from the club will be less, even if the profanities from my long-suffering partner are no fewer.

Of course, I am happy that, even if our hearing is being damaged, at least we both still have all our marbles intact. I was at the driving range, the course being frozen, when I was told the sorry tale of a couple with advancing dementia. They had, mercifully, been prescribed Aricept - but too late in the day because they had reached the stage that neither could remember to tell the other to take their pills. I feel that since a course of this drug only costs £2.80 or so a day it may become a front runner for top-up purchases, and I for one would not stand in anyone's way who wishes to go on being themselves for as long as possible. I certainly intend to.

Happy New Year to you!

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



HIGHLIGHTS OF THE JANUARY 2009 LMC MEETING

Main Highlights (see the main body of the Newsletter).

- Revalidation
- PCT Payments
- Contract Negotiations
- IT Support for Extended Hours Opening.
- 084 Numbers

Other Points of Interest.

- Christmas Eve Closing. The PCT is concerned that a minority of practices have over the years taken to closing at midday on Christmas Eve, although their contract clearly requires them to stay open until 18:30, and indeed most practices do stay open until then. The meeting agreed that this is unfair to most practices, but also recognised that very few patients tend to present on Christmas Eve afternoon. The PCT kindly offered to negotiate with the OOH service providers to cover all practices from a time to be decided on Christmas Eve afternoon thus allowing all staff to get away to be with their families a bit earlier than the contract dictates. The quid pro quo is that this arrangement must apply to all practices, and those in the habit of closing at midday will need to stay open that bit longer. Assuming successful negotiations this will start with effect from Thu 24 Dec 09.
- Health Visitors. The PCT is still carrying out internal discussions. We expect to be involved again in early Feb.
- QoF. The QoF visits are going well, with some delay in paperwork but with the usual high levels of attainment. Lay team members have been particularly impressed. The team is collating a 'best practices' folder to share with all practices.
- Consultation Papers. Some may have thought that governmental consultation papers provide a cloak of respectability for what the government has always intended to do anyway. It is interesting, then, to note that there were some twenty-nine thousand responses to the Pharmaceutical White Paper and the government has dropped its proposed changes to the criteria for GP practices to be able to dispense. Public pressure can influence politicians.
- Choose & Book. *[Intentionally deleted - overtaken by events]*
- Follow-up Appointments. There is a new system of 'partial bookings and pending lists' being used by the hospitals. Patients who are due a follow-up appointment more than 6 weeks ahead go into a 'pool' and should be called up when due. The system avoids cancellations but can cause delay also as urgent cases 'rise to the surface of the pool' more quickly than less urgent cases. The PCT will ensure it is fairly administered.
- New Cremation Forms. Note that the second doctor signing must not have been involved with treating the deceased. We anticipate some negotiations on that one, particularly for community hospitals and nursing homes where all the doctors of a practice are involved. Watch this space.

CARE FIRST - A GLOUCESTERHIRE PCT ANNOUNCEMENT

The Care First service is an extended Occupational Health service, funded by the PCT, providing counselling, information and advice to all GPs, GP practice staff and their families. It is comprehensive, confidential and free.

Care First can be contacted on free phone 0800 174319

Calls to Care First are voluntary - individuals decide when and if they want to use the service and make the call themselves - from wherever they want. Care First are available 24 hours a day, 365 days of the year - calls will be answered by a professional and there is no limit to the number of times you can contact them.

Confidentiality

The Care First service, although funded by the PCT, is completely independent and calls will be treated in the strictest confidence. When you call you will be asked to identify the PCT and you may also be asked for other information, but this is purely for statistical use.

Counselling service

Care First counsellors can help with work-related issues or personal problems. Your call will be taken by a qualified and professional counsellor in confidence. All counsellors are members of, and accredited to, the British Association for Counselling and Psychotherapy (BACP), with significant experience in a supervised clinical setting. You can call them about anything that is troubling you, whether it is personal difficulties - for example relationships, family matters, stress, loss or bereavement; or work-related issues such as feeling pressure, work-load, changes at work, bullying or harassment.

Information and advice service

You could save yourself a lot of time researching and sifting through overwhelming amounts of information, and make use of the wide practical experience of the Care First specialists. Care First's highly trained, professional information specialists can provide comprehensive answers and assistance on a wide range of issues which affect daily life.

The following list gives examples of just some of the subjects on which they can offer information and advice:

Benefits: Housing Benefit, Incapacity Benefits, Disability Benefits, Tax Credits, Maternity Benefits, How to Claim.

Communication Problems: Television Licences, Unsolicited Mail.

Consumer: Goods and Services, Consumer Problems, Problems with Second Hand Cars, Car Repairs, Insurance, Problems with Builders, Credit.

Debt: Credit, Debt, Banks, Loans, Consolidation. Full debt counselling service.

Education: Problems at School, Bullying, Student Grants/Loans.

Employment: Rights of Employees, Bullying and Harassment, Discrimination, Disability, Transfer of Business, Maternity Rights/Pay, Sick Pay, Health and Safety at Work, Dismissal.

Family and Personal: Relationships, Bereavement, Divorce, Child Support, Domestic Violence, Childcare, Eldercare, Community Care, Changing a Name.

Health: Health Costs, HIV/AIDS, Abortion, Infertility.

Housing: Buying and Selling a House, Mortgages, Renting, Tenancies, Homelessness, Neighbour Disputes, Residential Care, Nursing Homes.

HOW TO IDENTIFY AND DEAL WITH A STROKE

The Stroke Association says: "With over 150,000 people in the UK having a stroke every year, it is imperative that people can recognise a stroke when it's happening and take prompt action."

The Association recommends a series of checks called FAST:

Facial weakness - can the person smile? Has their mouth or eye drooped?

Arm weakness - can the person raise both arms?

Speech problems - can the person speak clearly and understand what you say?

Time to call **999**.

If the person has **failed any one of the 3 tests**, you **must call 999**. Stroke is a medical emergency and by calling 999 you can help someone reach hospital quickly and receive the early treatment they need.