

Newsletter

GLOUCESTERSHIRE LOCAL MEDICAL COMMITTEE MAY 2009 Edition

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It seems that those who planned for a flu pandemic were wise to do so. It is too early to say whether we have escaped lightly, as it may return with much greater virulence in the autumn, but we have the systems in place in this county. The important thing to remember is this whole episode is an opportunity for the profession to show that, when the chips are down, we perform, and we perform in a way that the private sector, or a salaried service, would not or could not do. We should do whatever is needed, in the interests of our longer term future.

SWINE FLU

The key to success, as with all emergencies, is good communication. Patients need to understand that they can help themselves and others best by staying at home and using the telephone to ask for help and advice. We have been working with the PCT to improve the passage of information down to GP practices. You need to know what help can be given as soon as it becomes available. The PCT also needs to know what is happening on the ground from GP practices in time for them to plan and respond appropriately. The LMC's role is to advise the PCT on the clinical value and practicality of the plans being made, and to act as a secondary source of information and advice in addition to the PCT's Health Incident Control Room (HIC) details of which have been passed to all practices.

The virus has developed from flu viruses in pigs, birds, and humans from as far

afield as the US and South East Asia. Flu can affect young healthy adults (who have good immune systems) worst because it can set off what is called a 'cytokine storm' in which the immune cells are encouraged by the increasing number of cytokines around (which the immune cells have generated) to create ever more cytokines, which in certain parts of the body (e.g. the lungs) can lead to a fatal build-up of liquid.

It spreads most easily to those in close contact (currently defined, for those who want to know, as being within one metre of the infective person for more than one hour.) The best defence for our society therefore is isolation; workaholics should be told forcibly that when infected they are part of the problem, not part of the solution. They will only be welcome back at work after taking a week's sick leave.



Seasonal flu kills less than 1% of those infected. The Spanish Flu epidemic in 1918 killed slightly more than 2.5%, an outbreak that in 2 years killed more people than the First World War. However, for some reason, the fatality rate of swine flu outside Mexico has been very low so far, which is fortunate. However there is a risk (likelihood unknown) that during the southern hemisphere's winter months the swine flu virus may meet the H5N1 avian flu virus and mutate with that into something which combines the high human infectivity of H1N1 with the lethality of H5N1. It will roll back to the northern hemisphere, possibly in a more dangerous guise, this autumn. It could be with us for up to 18 months, infecting up to a third of the population. Complacency would be dangerous; panic inappropriate. We are blessed now with time to prepare. Practices should expect to be at least twice as busy as normal when the pandemic really takes off. In the words of Benjamin Franklin: 'Those who fail to prepare are preparing to fail.'



REVALIDATION

Assuming that we all survive to see it (!) you should be aware that various pilot schemes for Revalidation are under way which will report towards the end of this year. It may be that the Royal College's original hope to introduce revalidation in 2010 may prove a little optimistic. It will, even so, be important to continue to log all the training, reflection and action you take from 1 Apr 09. For the moment, keep using the NHS toolkit, as you have been doing, until more information is forthcoming.

GMC REGISTRATION

It is possible (because it has just happened elsewhere) that doctors because of personal circumstances can omit to pay their GMC registration fee and then not receive the subsequent correspondence. The result is that they

are removed from the GMC register - without their knowledge. They are then practising unregistered, and in the cases in point they did so for some months before the error came to light quite by chance. The GMC is considering whether and how PCTs could be notified. You might like to check your GMC registration?

FREE NHS CARE ENTITLEMENT CHANGE

From 1st April 2009 British residents heading for the Channel Islands - Jersey, Guernsey, Alderney, Herm and Sark - will need to carry adequate travellers' health insurance. Reciprocal agreements between the UK and the Channel Islands, under which UK residents had been covered for most medical expenses, officially ended on March 31st 2009. The EHIC card does not cover emergency health care in the Channel Islands because they are not part of the EU. Thus UK residents need to take out a full travel insurance prior to travelling to the Channel Islands.

Channel Island residents visiting Britain will also have to carry travel health insurance as they will no longer be eligible for medical services in the UK beyond the emergency services available to everyone unless they pay for further treatment. This includes further emergency treatment needed after admission to the main body of the hospital, all operations and outpatient appointments. There is no cover for repatriation.

This is just another reminder of the Channel Island's unusual relationship with Great Britain. Although they are Crown Dependencies and part of the British Isles, they are not actually part of the UK.

Similar changes of rules will apply to the Isle of Man from 1 Apr 2010. The Government also plans to extend these changes to Overseas Territories (e.g. the Falkland Islands) in due course.

Further to this, the local NHS Counter-Fraud office is laying on a free half-day seminar on provision of medical services to overseas patients. Those who should be paying for NHS services, but don't, are wasting resources for all of us. Do

come on 9 Jun to the Dowty Sports and Social Club 12:30 to 16:30 – and you would be welcome even if you can only attend the lunchtime session. Have you got any interesting experiences with overseas patients? Do you have any burning questions? The organisers would love to have them. Flyer and booking form attached.

SINGLE POINT OF CONTACT

In late July the Gloucestershire Hospitals Trust is planning to introduce a single point of contact for GPs in order to streamline the reception of emergency cases into hospital. The telephone number for all purposes will be:

08454 22 00 22

It will be manned by Grade 6 nurses who will understand what GPs are talking about but will not be involved in triage. The system will be developed incrementally. The intention is also to reduce delays in talking to consultants when necessary. We will publish further details as they become known.

MINOR SURGERY

Pulse carried a recent article saying that GPwSIs in dermatology and GP surgeons who excise basal cell carcinomas as a matter of course will still be required to attend multidisciplinary team meetings and perform at least one session a week, as originally recommended by NICE.

But the key concession will mean that ordinary GP surgeons can continue performing operations in the community without meeting GPSI-level standards.

It is the culmination of a protracted battle over interpretation of the NICE skin cancer guidance, with some PCTs imposing a blanket ban on GPs doing even routine procedures that could involve inadvertent removal of a skin tumour.

The institute's 2006 guidance states that any GP who has had 'appropriate training' can manage precancerous lesions, but bars GP surgeons from excising low-risk basal cell carcinomas without secondary care support.

We are now waiting for definitive guidance in this area from the GPC.

ANONYMITY IN REPORTING

There is serious concern that when reporting for QoF and Enhanced Services the use of NHS Numbers actually provides very little anonymity. Too many people can find out personal information from that number. Our suggestion is that you should use your system-generated practice patient reference instead. You will still be able to work out who is who, but no-one else will.

CHOOSE AND BOOK

You may have wondered how your practice is doing in Choose and Book. We have been told that practices should now be able to access their results on <https://www.glos.nhs.uk> (note the 's' in 'https') or <https://www.glos.nhs.uk.chooseandbook> to find out. However there are teething problems with the security system attached to the NHS intranet recently and any practice that finds it is unable to download any proformas or the utilisation spreadsheet using Internet Explorer should report the problem to the IT Service desk. Users can do this via email to Service.Desk@glos.nhs.uk but you must make sure an incident number is assigned or nothing may happen. We need to get this system sorted out before the autumn, so please raise the problems when you get them.

EMAIL MIGRATION

Over the next 3 months the PCT will be rolling out MSOffice 2003 to practices to aid in e-mail migration. This will involve some training and the PCT is planning to provide this to any practice wanting it. Please contact Debbie.rice@glos.nhs.uk to find out what is available and book your training.

NOVACHANNEL AG

Please look VERY carefully at the small print of any offer from Novachannel AG or similar companies asking you to update your practice details in any directory. Those responding to Novachannel AG have later received an annual bill for 983 Euros. Notification of this charge is in the small print but

there is no other clear indication that there will be a charge. Indeed the vast majority of the flyer stresses the word 'FREE'. The old adage is that, 'If it looks too good to be true, it probably is.' Our advice is not to sign it in the first place, but if you have been deceived into signing then send them a letter firmly denying that there is any valid contract and respond to any claims for payment by letter or phone in the same terms. Full guidance is attached.

MAX'S MUSINGS

The howling of the mob against MPs who have been claiming some very interesting 'expenses' should be a warning to everyone. Public money ought to be well-spent, but there are many examples (of which MP's expenses are but one) which the reasonable man would consider to be profligate. I heard the other day of a couple of hospitals which between them had only one machine of a certain sort. They said they really needed another (at a unit cost of some £25K) and that it would be safer for patients to have a spare in case one failed. But in the end five (yes, five) were bought, no one knows why. Is this another example of using the budget up by the end of the year in order not to lose it next year?

But, to return to the MPs, the main problem is that they hold themselves out to be paragons of virtue and the champions of the common man against



the Executive. But claiming for duck houses etc has led to them being 'in the dog house'. Many have been shown to be no better than anybody else, so the people's

disillusionment now finds vent as disappointment and anger. (Mind you, who in their time has never walked off with someone else's biro or book?) I am not faultless, and my wife, bless her, would certainly agree with me on that. Nevertheless, I do try to stick to a code of medical ethics which is well-

established and well-respected. It is, if you like, a pedestal on which we doctors stand. As for me, I need a pretty strong pedestal. And have you noticed that when you are on a pedestal it is quite difficult not to look down your nose at those who have fallen off their pedestals, or never had one in the first place? Some of those on pedestals can even forget that they are only human after all. As a profession we must ensure that our pedestals are firmly planted, or get off them in a hurry before someone tips us over. Mind you, I think the medical pedestal is much more firmly planted and more solidly built than the parliamentary one. But the mob is fickle, and their anger transient, or easily turned on other targets. We should take care to be as honest and upright, hardworking and trustworthy as we profess to be.

Turning now to the ever-more-pressing problem of dementia I gather that one way to guard against it is to build up as many connections between cells as possible by being mentally active throughout life. This is known as a "cognitive reserve". Naturally my good education, whether at school, university or medical college, should stand me in good stead. My constant reflecting on clinical issues which I can then put in my log-book for revalidation will doubtless also build up my cognitive reserve. But the researchers say that if you go on working it delays the onset of Alzheimer's - wait for it - by around six weeks for each extra year of work. I ask you, is it worth it? I reckon the increased risk of depression, high blood pressure and homicidal mania arising from not being allowed to enjoy a well-earned retirement would strongly offset any delay in becoming demented.

I can't help wondering, though, how the researchers came to their conclusions. How can you prove when someone would 'normally' have started Alzheimer's in order to say with any certainty that the onset has been delayed, and if so by how long?

Keep up the good work, chaps!

And finally more Glaswegian 'howlers' from medical secretaries:

- 'Occasional, constant infrequent headaches'.
- 'Patient was alert and unresponsive.'
- 'Rectal examination revealed a normal size thyroid.' (!)
- 'She stated that she had been constipated for most of her life until she got a divorce.'

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



HIGHLIGHTS OF THE MAY 09 LMC MEETING

(This Annex covers those important topics discussed at the recent LMC meeting which are not already covered in the main body of the Newsletter.)

PEC Chair. Dr Helen Miller, senior partner at the College Yard and Highnam practice in Gloucester will be the new Chair of the PEC with effect from the end of June, in place of Dr Tony Walsh.

Sick Notes. A & E have acknowledged that where they treat a patient who needs to be kept off work for more than 7 days then they should be issuing the 'sick note'.

Buying Group. The LMC intends to enter into an agreement with an existing buying group to give Gloucestershire practices access to some really good bargains on many different items, varying from flu vaccines through stationery to cars. We have asked for the necessary paperwork, and will be publishing all the details to practices when available. The likely 'go live' date is July.

Gloucester Health Access Centre. The GHAC has opened. For the moment it is sited in the branch surgery of a Gloucester City practice in St Michaels Square, Gloucester. It is targeted at walk-in patients, but registration is permitted. They will not attempt to 'poach' patients from existing practices and will inform GPs when they treat any of their patients. They will not change medication for patients unless a significant risk is identified. They will keep GPs informed much as OOH does at the moment. It is open 8-8, 7 days a week.

Complaints to Hospitals. It has been proposed that a less formal system of 'concerns' would allow GPs to raise minor procedural issues to the hospitals without going through the serious path of raising a complaint. However it would be a good idea to copy the letter of concern to PALS where it would be logged and if no response was forthcoming from the consultant within 6 weeks, PALS would get involved.

Cervical Cytology Smear Update Training. Discussions still continue on how to keep everyone updated at minimum cost in time and money.

STAFF, OVERSEAS PATIENTS AND FRAUD



are you in the picture?

A free, half day seminar to promote understanding and share best practice and information relating to the provision of medical services to overseas patients. Find out how primary and secondary care providers can work together to protect NHS resources.

Where: Dowty Sports and Social Club, Down Hatherley Lane, Gloucester, GL2 9QD

When: 09TH June 2009 between 12:30hrs and 16:30hrs

Who for: General Practitioners, Practice Managers, Reception Managers, Hospital Consultants and any other interested members of staff.

What can you expect: Lunch with tea and coffee on arrival.

- To understand more about how to prevent patients from overseas obtaining free NHS care to which they are not entitled – and to know when overseas patients should be treated as Private Patients.
- To be able to recognise forged immigration and ID documents;
- To be more aware of the types of fraud that occur against the NHS;
- To discover how all staff and the Counter Fraud Service should and can work together better and smarter.

Speakers: Sallie Cheung – Local NHS Counter Fraud Specialist
Dr P Barrow – General Practitioner
Julia Maclean – Head of Family Health Services, NHS Gloucestershire
Dawn Simon – Overseas and Private Patients Manager, GHNHSFT
Mike Forster – Secretary, Gloucestershire Local Medical Committee
Derrick Codling – UK Borders and Immigration

What we would like you to do:

1. Send us a brief description of your successful overseas patient case stories – what the issue was, how you dealt with it and what the outcome was.

We will transcribe these onto posters to display around the room. They will also be put into an information pack for you to take away as a reference guide.

We are totally aware that everyone has a story to tell, but we are very keen to ensure this does not become a talking shop, but remains a useful and informative event. Telling your story in writing will help achieve this.

2. Send us any questions or ‘what if..’ scenarios to which you would like a response.

There will be an opportunity for a question and answer session at the end of the afternoon, but if we know some of the questions in advance we can try to provide you with definitive answers.

All the documentation from the session can be made available to anyone who is not able to attend, so real examples will be particularly useful and relevant.

What you need to do now:

Make sure you reserve your place on this topical event. Places are on a first come first served basis but in order to be able to accommodate delegates from as wide an area (geographic and speciality) as possible, we may have to limit numbers to a maximum of 2 per GP practice and 2 per Trust department.

Use the accompanying booking form to reserve your place now.

STAFF, OVERSEAS PATIENTS AND FRAUD
Are you in the picture?
9th June 2009

Venue: Dowty Sports and Social Club, Down Hatherley Lane, Gloucester, GL2 9QD

Time: 12:30. – 16:30hrs [lunch served at 12.30]

Booking form

Name1.....**Name2**.....

Job Titles.....

Organisation.....

Address.....

..... **Postcode**.....

Contact details:

Tel:

Email:

Any special dietary or other requirements Yes/No

Details.....

Confidentiality clause: This clause must be signed for attendance to be agreed:

I the undersigned agree that I will not divulge to any persons, firm company or other organisation whatsoever any confidential information which comes to my knowledge during the course of this seminar. Confidential information shall include all information designated as such by the organisers of this seminar in conjunction with the Borders and Immigration Department.

Signature:.....

Date:.....

Please return this for to:
Jan Thomas
Counter Fraud Services
Victoria Warehouse
The Docks
Gloucester GL1 2EL

Or by 'e' mail to Jan.thomas@glos.nhs.uk

Data Protection

Participants' names, Departments and Organisations will be made available to other attendees on the same seminar.

European City Guide, Novachannel AG, Med1Web etc

WARNING

Do not sign any documents that purport to ask you just to update your practice details unless you know the source and are happy that it is an organisation you are familiar with.

For all others READ THE SMALL PRINT FIRST.

Over the past few years GP practices, among other businesses, have been targeted by organisations that seek to induce you to sign a document that lists your organisation's name in a directory, ostensibly for free, but in the small print saying that if you do sign you are agreeing to pay a fee, usually around €1000.

Once you have signed, an invoice will follow.

What should you do?

Look at the original documents that were sent to you. Read the document carefully. If you consider that the document was misleading, and that it was not clear to you that you would be signing a contract and charged for the service of listing your practice, you may come to the conclusion that you have not signed any legally binding agreement with the organisation.

Under Swiss law (and these firms are usually based in Switzerland) if someone has been deceived into signing a contract, he or she can challenge the contract by writing to the other party within one year of discovering the error, stating that they have been deceived and therefore consider the contract to be invalid. The Swiss Embassy states that the contract is then considered to be annulled, and that if a debt collection company or other representative of the other party insists that the money be paid, the debt collection company or representative should be informed that the contract has been annulled. The Embassy has also advised that only a judge has the power to definitely state whether the contract is really invalid, but for that to happen the party insisting on the validity of the contract has to initiate civil proceedings. Note that the Swiss Embassy advice is given on the basis of a person being deceived into signing a contract. The affected person would have to be able to prove they have been deceived in order to rely legally on their advice.

In the first instance you may wish to send to them a letter along the following lines:

Dear Sir/Madam

Regarding your letter (ref: XXXXX)

Without Prejudice

It appears you believe that the document your company sent to us in an unsolicited manner is a contract.

However it appeared to me at the time of signing to be nothing more than a request for information. I returned it expecting a free correction/entry <delete as appropriate> of my data in your database; as such I have never agreed to a contract.

Take note that, because we have been deceived by you, any contract purporting to be established by your solicitation and our response is invalid and is therefore null and void.

Please reply at your earliest convenience to confirm that you understand this.

Yours faithfully,

The contract may also state that unless it is revoked within 3 months the contract will automatically roll over to a further period after the initial 3 years. If you are within the 3-month period you should also send a letter along the following lines:

Dear Sir/Madam

Regarding your letter (ref: XXXXX)

I see in the terms of what purports to be your contract that I must give at least 3 months' notice or it will extend itself beyond the initial period of 3 years. I hereby give you notice within the allotted time that you are not to extend this purported contract.

This notice is given without prejudice and in no way constitutes my acceptance of your contract or its terms. I was deceived by you into signing this document and I regard any purported contract as invalid in law and therefore null and void.

Please reply at your earliest convenience to confirm that you have received this letter and have acted upon its contents.

Yours faithfully,

If you do not receive replies to your letters you may wish to send them reminders.

If you receive invoices and further correspondence always reply to the letters setting out your view. These replies can be along the lines set out in the draft letters above.

So far we have not heard of any practice being sued by any of these companies. It could of course happen. If it does, please contact the LMC for further advice.

Practices are encouraged to complain to their MEP (Member of the European Parliament). If you do not know your MEP, log on to the link <http://www.writetothem.com> and put in your postcode.

Many practices in other parts of the country have been affected, but so far as we are aware none have paid any money and none have been taken to court.

Practices have received threatening letters and occasionally phone calls. The best thing to do is:

- Letters. Always respond to letters promptly, always stating, without embellishment, that:
 - You have been deceived.
 - There is no valid contract.
 - Their claims are unlawful.
- Phone Calls. Deal firmly but politely with phone calls, only reiterating what has been said in your letters.
 - Keep the call very short.
 - Avoid being led into discussion – the calls may be recorded. It is easy to make unintentional comments in conversation that may be used against the practice later.

For more information link to <http://www.stopecg.org>

(Our thanks and acknowledgements go to Kent LMC for much of this very clear and helpful advice)