

Newsletter

GLOUCESTERSHIRE LOCAL MEDICAL COMMITTEE NOVEMBER 2009 Edition

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We would like to remind you that the LMC provides a confidential counselling and support service for GPs who are approaching the end of their tether, individually or with each other. We are in some ways delighted that so few GPs have asked for our help in recent months, but we do wonder why this should be. Are there so few problems, or are the problems being dealt with successfully in other ways, or will the problems, like abscesses, become ever more painful because they are not being lanced? A problem shared is a problem halved. The LMC is there for you; if you need us, please use us.

EMPLOYMENT LAW ADVICE

Practices are now in the happy position of being able to call on several sources of free advice on employment law matters.

The PCT is now providing free HR advice, as announced at the Practice Managers' event on 22nd October.

BMA members should remember that since January this year they and their practice managers can also ask the

BMA, as one of the benefits of their membership, for independent, employer-related advice, guidance and support. The BMA's independent advisers

are also looking to develop strong links with LMCs and practice manager groups and will shortly be providing seminars on employment law and an Employment Handbook. This service is in addition to the national programme of training available to GPs (Managing Change, Managing Performance and a new



programme called Managing Staff which is to begin next year).

In addition to being well versed in employment law and current good HR practice this team of advisers has specialist knowledge of the medical profession and are familiar with the issues facing general practice. Typical work that advisers deal with on a regular basis is guidance and support related to:

- Recruitment and selection.
- Contracts of employment and varying terms.
- General partnership advice (excluding drafting).
- Grievance and disciplinary.
- Performance management/appraisal.
- Absence management.
- Reorganisation/restructuring.
- Dismissal.
- Redundancy.
- Avoidance of discrimination.
- Best practice HR guidance on the development of procedures and policies.

H1N1 VACCINATION

The Directions for the Swine Flu Vaccination DES are at

http://www.dh.gov.uk/en/Publicationsandstatistics/Legislation/DirectionsfromtheSecretaryofState/DH_107716 and a FAQ list is at

http://www.bma.org.uk/health_promotion_ethics/influenza/panflugp/index.jsp.

Note that GPs are not obliged to vaccinate patients on their housebound patients list since the PCTs are to arrange it, nor is the PCT to recover from GPs the costs of administering the vaccine to housebound patients.

DEATH CERTIFICATION

There is no specific space on the death certification form for you to give your GMC number, but if you are feeling helpful then please insert your GMC number on death certificates so that the Registrar can check you were licensed with the GMC at the time of signing the form.

SENIORITY

Interim seniority factors for 2009/10 for England and Wales have been published today and figures and details of the methodology may be viewed on the NHS Information Centre website at www.ic.nhs.uk/tsc. The figure for England is £94,743.

VETTING AND BARRING

Following up from our last month's entry on this subject, there is a distinction in the regulations between 'regulated activity' which is being addressed more quickly, and 'controlled activity'. Controlled activity will include receptionists, cleaners and probably practice managers, but there is no need to take urgent action on this. Better to find out which direction we are all meant to be running in than to rush off headlong. The GPC has promised a full national guidance and we will circulate it when available. In the meantime they advise that an employer does not need to see an enhanced CRB check before taking on an employee for a 'regulated activity' because Section 9 of the Safeguarding Vulnerable Groups Act 2006 states as follows:

"9 Use of barred person for regulated activity

- (1) A person commits an offence if—
- (a) he permits an individual (B) to engage in regulated activity from which B is barred,
 - (b) he knows or has reason to believe that B is barred from that activity, and
 - (c) B engages in the activity."

However, in order not to fall foul of the law, the GPC advice is to ask new recruits who will be undertaking a regulated activity if they are on a barred list. Also, of course, if you suspect that a person undertaking a regulated activity is on a barred list then further investigations must be sought. But as noted above there is currently no legal requirement to require or see an enhanced CRB check for those that you do not suspect.

Please note that for new recruits to regulated activity from July 2010 ISA registration will be introduced and will become mandatory from November 2010.

As noted previously, more detailed guidance will follow.

MATERNITY SERVICES

A new £29M Women's Centre is currently being built at Gloucestershire Royal Hospital from which centralised women's services will be provided. This will be ready for use from early 2011, at which point women will be able to give birth in one of the following locations:

- At home.
- A midwife-led birth centre at Cheltenham General Hospital (transfer to GRH for epidurals or clinical intervention)
- A midwife-led birth centre at the new Women's Centre at Gloucestershire Royal Hospital
- A delivery suite (with immediate access to consultant/anaesthetic services) at the new Women's Centre at Gloucestershire Royal Hospital
- At Stroud Maternity Hospital (midwife-led)

You can get further details from www.gloshospitals.nhs.uk/maternity

NATIONAL CLINICAL ASSESSMENT SERVICE (NCAS)

The NCAS is looking for members for their medical assessment panels. Candidates should be GPs with experience in single handed or small practices or OOH and/of working in an urban environment. The requirement is for up to 15 days a year. A 3-day training programme will be involved. Full details can be found at www.ncas.npsa.nhs.uk/jobs

IDENTITY CARDS

Identity cards are being issued in Manchester and the North East at first, and will not be rolled out in this area until 2012. However you may come across them. Put simply, there will be 3 types of ID Card:

- The 'National Identity Card' is for British Citizens, and can be used in the European Economic Area (EEA) and



Switzerland instead of a passport. It demonstrates the right to work in the UK. It is lilac and salmon coloured.

- The 'Identification Card' is for non-British EEA and Swiss citizens living in UK. It does not confirm the right to work in UK. It is



coloured turquoise and green.

- The 'Identity Card for Foreign Nationals' is for those from outside the EEA and Switzerland. This was



introduced this time last year. It is not a travel document but it does state what rights the holder

has as an immigrant to stay and work in the UK. It is pink and blue.

You can get a free information pack telling you what to check to see that a card is genuine etc from:

www.businesslink.gov.uk/idsmart

SELLING MEDICINES

The General Practitioners' Committee (GPC) of the British Medical Association (BMA) and the Dispensing Doctors'

Association have advised that in exporting medicines or selling stock for exportation by others, dispensing doctors should carefully consider their ethical responsibilities to their patients and the public. Patients' wellbeing must be Dispensing Doctors' overriding priority, followed by what is good for the wider NHS and what is good for the practice considered last. Patient care must never come second to business considerations.

The GPC and DDA have also reminded doctors that unless they have a wholesaler dealer's licence, it is a criminal offence under the terms of the Medicines Act 1968 for them to supply medicines otherwise than for the treatment of their own patients.

THE SCAMS CONTINUE...

Unsolicited Goods.

Sometimes such things as franking labels, toner cartridges etc, with an enclosed invoice, unexpectedly come to a practice. It is possible that the sender has cold-called and gained the name of the receptionist who answered the phone. The company then uses that to prove their claim that the goods have been ordered. Moral: Don't give your name to cold callers. Advice: Deny any order was placed and refuse to accept the goods. If it is too late for that at least deny the existence of any contract and advise the sending company to collect the goods within a reasonable timeframe.

European Company Registration. Watch out for emails entitled 'European company registration 2009/2010' which



say that "Updating is free of charge!" Don't be tempted; the small print locks you into a contract to pay €990 a year for 3 years.

'Catch it, Bin it, Kill it!' applies here too.

Data Protection Registration. This only costs £35 and is easily done on line. There are some on-line agencies that will fraudulently ask you to make payment to them in order to complete your registration. If they are asking for more than £35 avoid them altogether and immediately contact your Local

Trading Standards Office and inform them of the situation.

For more details see

<http://ezinearticles.com/?Data-Protection-Act-Registration&id=774314>

THE CAMERON FUND

The Cameron Fund is the only medical charity which provides help and support solely to general practitioners and their dependants. It aims to meet needs that vary considerably from the elderly in nursing homes to young, chronically sick doctors and their families and those suffering from unexpected and unpredictable problems such as relationship breakdown or financial difficulties following the actions of professional regulatory bodies.

Anyone who knows of someone experiencing difficulties, hardship or distress is urged to draw their attention to the Cameron Fund's existence or alternatively to contact Jane Cope, the Services Manager,



at one of:

e-mail: janecope@cameronfund.org.uk

Tel: 020 7388 0796

Post: Tavistock House North,
Tavistock Square, London WC1H 9HR

LMC MEETING HIGHLIGHTS

The main points from the November LMC meeting are at Annex A.

And finally:

'Contact the doctor if your pattern starts to swap between hard stools and very loose notions.'

'Patient was seen in consultation by Dr. Smith, who felt we should sit on the abdomen and I agree.'

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



MAX'S MUSINGS

I had just sat down in a train the other day when I had that curious sensation of moving backwards as the train next to mine pulled out of the station. I feel that life is a bit like that. I see the people around me looking younger and younger. Intellectually I can appreciate that this is a result of my growing older and older, but it does not feel like that. Inside this ponderous frame there is still the lad who climbed walls to scump apples; I still enjoy eating them, if only to minimise medical bills, but nowadays I grow my own fruit trees and pay a lass to harvest them.

It is sometimes hard to know what to believe about medical research. On the one hand we are told that chemicals in turmeric will, in the lab, destroy throat cancer cells, which seems like good news for Indian restaurants. On the other hand we are also told that oesophageal cancers have been on the increase in the last 70 years – and how long is it since we started eating curries in large quantities? But when I am told as a 'HerbFact' that turmeric may well reduce the chances of going down with Alzheimer's they have sold it to me. Actually I quite like the taste, so why not? Even if I hated the taste of it but had to have it with every meal I could take some comfort from what Joseph Heller says in 'Catch-22': it might not actually extend my life but would make it seem much longer.

I wonder where I can find a good Aga recipe for spicy apple pie?

HIGHLIGHTS FROM THE NOVEMBER 2009 LMC MEETING

Project UTOPIA. Like all new systems, Project UTOPIA has had initial setbacks and difficulties: the full complement of consultants has not yet been recruited; access through A&E can prove to be a bottleneck; the IT system to track patients' progress is not yet installed (but soon will be). The PCT is working with the Acute Trust to iron out problems. The LMC asked for definitive guidance, ideally on one sheet of paper, on what conditions have to be referred via the UCRC and what may be referred direct to the consultants, as formerly. The project has high visibility in the region and if successful may be copied elsewhere.

IAPT. The role of Mental Health Nurses was discussed, and will be further discussed at the December meeting, which Eddie O'Neill has agreed to attend. There was some concern that the reorganisation on 30 Nov would result in a loss of continuity of services to practices.

Use of GP practice premises by other organisations. The pressure on practice premises is well-known, and is compounded by requests from diabetic retinopathy clinics, the Independence Trust etc for space and time. The LMC urged the PCT to consider using any underspend at the end of the year to buy mobile clinic vans that could park up by the surgery, but not take up space in the surgery.

Flu Vaccinations.

- Swine Flu. The instructions for administering the swine flu vaccine are well publicised. However, the availability dates of the vaccine are not well known, and change continually. This makes arranging clinics very difficult. Because they are multi-dose vials there is bound to be some wastage, but it could be minimised by vaccinating non-priority practice staff. No charge can be made but it would be a sensible use of the resources.
- Seasonal Flu. There was concern that this year the occupational health staffs would not give practices the vaccine to treat their own staff, as formerly. The PCT will investigate.

PBC. Good news: the referral rates by GPs are coming down to normal and predictable levels. The PCT is also pressing ahead (subject to SHA endorsement) with the formation of PBC Confederacies based on Local Authority areas (Tewkesbury being grouped with the Forest) which can be adequately supported by the PCT.

C&B. There is serious contemplation being given to a 'Victor Meldrew' grump button to allow a one-button-press alert to the PCT's IT staff that a particular situation is unacceptable. Logically there ought to be a 'Smiley' button as well, to prove when the system is doing well – but some members questioned how often it would be used.

QoF.

- DEP2. The LMC will be urging a national solution to the problems of DEP2.
- Visits and Questionnaires. Because of swine flu workload those practice due a QoF visit will receive a 'low bureaucracy – high trust' questionnaire instead.