

Newsletter

GLOUCESTERSHIRE LOCAL MEDICAL COMMITTEE May 2008 Edition

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The agitation which the GPC has encouraged is bearing some political fruit. On 23 April there was an Opposition Day motion in the House of Commons denouncing the current Labour Government's attack on general practice. Inevitably there was political posturing on both sides but the arguments against Darzi Centres (by whatever name they will be finally known) were well put.

The Hansard report: (<http://www.publications.parliament.uk/pa/cm200708/cmhansrd/cm080423/debtext/80423-0004.htm>) runs into many pages. We hope that future DH policy will reflect the following reply by the Secretary of State for Health at column 1328/29: that 'there would be no problem with [a PCT telling the DH that it did not want to provide a polyclinic but preferred to use the resources in another way], given that we are not specifying polyclinics as any part of the exercise. The crucial point is that the local NHS will develop services in ways that best meet the needs of the local population by engaging members of the public and local doctors, nurses and other health care professionals. That is the way to implement the proposal.' Unfortunately, what is said in the House and what becomes policy are not always the same.

April also saw the start of some serious, but constructive, discussions with the PCT on how Gloucestershire would implement some of the government's initiatives.

SUPPORT YOUR SURGERY!

You may be wondering what the GPC is doing to raise the status of the profession in the public eye. Many of you used adaptations of the posters written by GPC to inform patients what was going on before the "Imposition A" vote. Please now actively

support the new GPC campaign and use the campaign pack you have been sent. If we "go gently into that good night" we will have only ourselves to blame. General practice is the front end of health care and has long been provided professionally, and at a stunningly high standard, in England. To maintain that standard we must work to prevent others from destroying the infrastructure that supports it.

CHOOSE & BOOKING LES

The LMC has agreed the outline of a Booking LES. Pending receipt of the full SLA we believe the following will be on offer: there will be a 17 pence per patient engagement fee for agreeing to take part in electronic booking this year. There will be an additional £4.50 fee per referral once it has its UBRN attached. This will be backdated to 1 Apr 08. The extra top-up money given to C&B last year is not available this year so the overall funds for this area are less than last year. There will be a few losers, but mostly winners, and this balance between rewards for engagement and activity represents the best value for the majority of practices. Though the budget is limited, the PCT undertook to carry on the £4.50-per-referral payments later in the year even if the budget had been used up. It was very

important to them that practices should remain engaged. As regards choice, we expect practices will be asked to display a notice to patients explaining their right to choose. We expect the LES to be issued very shortly.

EXTENDED HOURS

The Extended Hours DES is unlikely to come out before July and is going to be heavily prescriptive, with little room for discussion or negotiation. In order to give practices some income in the meantime the PCT had intended to offer an Interim LES to pay practices £1.50 per patient for carrying out a survey of their patients and providing baseline information. Since then it has become clear that the money would be better spent in due course on a supplementary or alternative LES to make the extra hours worth doing. Both the DES and LESs are voluntary, and practices must decide for themselves whether they are worth taking up.

ERRATUM

In the last Newsletter we stated that the 58 QoF points being taken out would be re-applied to Extended Hours. This of course is not true. They will be applied to Access. Our copy on the website has been corrected.

THE PCT DECLARATION & SELF ASSESSMENT FORM

This is being rolled out this year. Practices may wish to include this as one of their items in their medicines management QoF requirement for this year.

QoF GUIDANCE 2008/09

You can find the updated QoF Guidance on our website at <http://www.gloslmc.com/guidance/latest/FINAL%20QoF%20Guidance%202008-09.pdf> In it we have highlighted the deletions and additions from the 2006/07 version.

THE DARZI REVIEW

The Strategic Health Authorities across England will be issuing their local strategic visions in May/early June to feed into the final Darzi Report coming out in June. NHS South West's vision is due to be published on 15 May. Various comforting promises have been made:

- **Change will always be to the benefit of patients.**
- **Change will be clinically driven.**
- **All change will be locally-led.** We are not yet sure if 'local' in these terms means 'South West of England', or 'Gloucestershire'
- **You will be involved.**
- **You will see the difference first.** Existing services will not be withdrawn until new and better services are available to patients so they can see the difference.



NEW DARZI CENTRE IN GLOUCESTERSHIRE

The advertisement asking for expressions of interest in providing a Darzi Centre (NOT a polyclinic) in Gloucestershire appeared in the Citizen and Echo newspapers on 6 May. The closing date for replies was 23 May 08. An Invitation to Tender will only be given to those who have expressed their interest. GPC Guidance about all this is now available at: <http://www.bma.org.uk/ap.nsf/Content/PrimCareProcure08> The LMC is negotiating with the PCT for information on what they expect from potential bidders; this may take the form of a general procurement workshop. Those interested should contact the LMC Office. And for those of you just wondering what the difference is between a Centre and a Polyclinic, these definitions may help:

<i>New Darzi Health Centres</i>	<i>New Darzi Polyclinics</i>
Derived from Next Stage Review Interim Report	Derived from Lord Darzi's review of London
One per PCT in England	Mostly in London
GP-led care, variety of services	Very broad range of GP and community services (greater than in health centres)
Open 8am-8pm, 7 days a week	Open up to 24 hours a day
Similar in size to a large GP practice (although they may grow over time)	Comprises approximately 25 whole time equivalent GPs plus other health care professionals such as consultants

LMC RATE

The LMC has agreed with the PCT that the normal LMC remuneration rate for GPs will be £62 per hour with effect from 1 Apr 08. For Practice Managers and Practice Nurses the rate will be £16 per hour. The PCT has also agreed that where they need to hire a GP, practice manager or practice nurse for their individual skills and experience a consultancy rate would be appropriate. For a GP this will be the LMC rate paid to the GP and the same amount paid to the practice as back-fill. For a practice manager or nurse it would be their full hourly rate as paid by the practice.

DISPENSING WHITE PAPER

The Dispensing Doctors Association has suggested to its members that they attend DH 'Listening Events', write to the Department of Health and contact their MP. The Listening Events were fully booked almost as soon as they were posted; writing letters is all that is left. The DDA believe that the implications of the report on Dispensing GPs had not been thought through and were unintended, but it would be better to leave nothing to chance. The GPC has said that it will be fighting hard to protect dispensing practices. The Executive officers of the LMC will be meeting with the Local Pharmaceutical Committee Chairman and Secretary in June.



HPV VACCINATION PROGRAMME

The programme for vaccination against HPV is being carried out by school nurses to a fixed timetable over the next 3 years. There will be some cases where the young person in question will either not be picked up by the programme at all (e.g. will have left school before her turn comes up) or not early enough for her exceptional circumstances (e.g. her exceptionally early sexual activity). In such cases GPs may offer HPV immunisation but they must take full clinical responsibility. They may not use vaccine supplied nationally for the programme, but may prescribe them on an FP10, but there is no additional funding for administration. When providing these services privately the normal rules apply – you may not charge your own patient for the service, but you can provide a list of other local practices which will do it for her.

The GPC now advises that to have an exclusive reciprocal arrangement with just one other practice might be misinterpreted – patient choice must be preserved.

NICE – ABOUT TURN!

NICE has revised the very long-standing guidance about antibiotic prophylaxis before operations: at-risk patients undergoing interventional procedures should no longer be given antibiotic prophylaxis against infective endocarditis. This mainly affects dentists, but you should be aware of the changes in case your patient consults you about it. A summary of the NICE Guideline No 64 is on our website:

<http://www.gloslmc.com/advice/latest/Prophylaxis%20against%20IE%20may%2008.pdf> which also has links to the full NICE Guideline.

COMMUNICATIONS

There was an incident where e-mails with attachments were sent by the LMC office to practices in February and only arrived 10 to 12 weeks later. Whatever the cause, such delays are unacceptable. In future the Office will try hosting documents on our website instead of sending them out as attachments. The e-mail we will send to you will give our thoughts about the document and a link to it so that if you need to read it you can do so easily but without clogging up the e-mail system. This should avoid a recurrence of a problem which is annoying and crippling for both sides, and was made worse by our mutual ignorance that it was happening.

PENSIONS

There is a useful 7-minute video on U-Tube from the BMA about the new NHS Pension Scheme on:

<http://uk.youtube.com/watch?v=VsaUds4QbLE>

The BMA pensions calculator at:

<http://www.bma.org.uk/AptrixPensionCalc.nsf/PensionCalculatorForm> will give you your anticipated pension and lump sum based on length of service, current income etc.

Using those figures you can then go to a calculator on the NHS website at:

http://www.nhspa.gov.uk/nhspa_site/members/pension_calculators/pension_commutation/index.htm which allows you to 'play tunes' with commutation rates. We have not yet found a website that does both parts of the calculation.

PRIVATE COMPANIES & OTHER HEALTH PROFESSIONALS GUIDANCE

Guidance on involvement with private companies and other health professionals has been published and is available through the BMA website on the following link:

<http://www.bma.org.uk/ap.nsf/Content/fagsinvolveprivate0408>

SECURITY OF PRESCRIPTION PADS ETC

The PCT will be checking up on practices individually to ensure that they are adhering to the new guidelines issued on security of forms. The essence of it is that you 'should designate a member



of staff to accept overall responsibility for overseeing the whole process involved – ... ordering, receipt, storage and transfer to the access to and overall security ... regular inspections of prescription and other form administration and security ... and regular stock checks' You can find the full guidance on the LMC Website at:

<http://www.gloslmc.com/guidance/latest/prescription%20maternity%20sickness%20security%20forms%202008.pdf>

'MUSAC'

(Our thanks to Wessex LMCs for the meat in this article.) If you decide to play music in the waiting room or on the telephone system while the patient is 'on hold' you will



need a licence from Phonographic Performers Ltd (which collects fees on behalf of musicians) and from the Performing Right Society (which collects on behalf of the composers

/songwriters/ publishers). PPL fees are around £93 p.a. (less VAT) for a maximum of 30 available seats. PRS has a Radio only licence (up to 19 seats for £68.40 and then £3.44 per seat to a maximum of 30 seats) or a CD/Radio licence (up to 9 seats for £68.40 and then up to 21 more seats, to the 30 maximum, at £6.85 per seat). N.B. The radio/CD player should only be a small one with integral speakers, as there could be a different (higher) fee for one with separate speakers i.e. a sound system! For a 30-seat waiting room the total annual fees would be about £360 for a CD/Radio licence. The

fees increase if you buy the licence after you have started playing the music.

You may also need to have a licence if your telephone system plays music whilst 'On Hold' - 1 to 5 lines = £135 (PPL) + £112 (PRS), 6 to 15 lines = £182 (PPL) + £148 (PRS) (these fees inc VAT). The relevant website are:

<http://www.ppluk.com>

and

<http://www.mcps-prs-alliance.co.uk/Pages/default.aspx>

CONTROLLED DRUGS

The PCT is concerned at the potential for unscrupulous drug misusers (addicts) to go from surgery to surgery gathering multiple prescriptions for methadone. There is a GPWSI-manned Substance Misuse Service in the west of the county which is proving very successful at reducing these pressures on GPs. It will be rolled out shortly across Gloucestershire. When in place the aim would be to refer all addicts to it, and they would be fast-tracked to get an appointment within 2 weeks. This would protect GPs from coming under so much pressure from addicts to prescribe. Although GPs would continue to have the right to prescribe for such people it will become increasingly difficult to justify if there is such a service in place.

MENTAL HEALTH CONSULTANCY COVER

The PCT confirms that should a mental health consultant be on leave there will always be another stood by to provide support to general practice. The approach should be to that consultant's secretary. Cover will obviously depend on that consultant's existing case load. Where possible GP practices will be informed before the event of which consultant they should be contacting.

SALARIED GPs - EXTENDED ACCESS GUIDANCE

Following on from the 'Focus on Extended Access', the GPC has now published guidance on extended access for salaried GPs. As practices consider whether to become involved in the extended access DES or a LES, salaried GPs may be asked to change their hours of work as a result. This guidance note has been produced to assist salaried GPs, and it may also be of assistance to GP practice employers. This can be found at the following address:

<http://www.bma.org.uk/ap.nsf/Content/exthoursalgps0408>

CHARGING PATIENTS

GPC has produced FAQs on the issue of charging patients. This is available from the link below:

<http://www.bma.org.uk/ap.nsf/Content/faqschargingpatients0409>

The main point is that a reciprocal arrangement between practices to give private treatment not available on the NHS to each others patients is now deemed to be a restrictive practice and thus not allowable. All that can be done legitimately is to recommend a list of other practices known to be willing to provide the service.

FLU PANDEMIC

NHSE Employers and the BMA's General Practitioners Committee (GPC) have reached agreement on the maintenance of GMS practice resources in the event of an influenza pandemic. The agreement ensures that when GP practices respond to a pandemic emergency they will not be disadvantaged if some or all routine GMS work needs to be suspended. The LMC summary of the documents is at <http://www.gloslmc.com/guidance/latest/Pandemic%20oflu%20practice%20payments%20%20LMC%20summary%20May%202008.pdf>

The two original documents - *Principles for GMS practice payments during an influenza pandemic* and *Costing methodology for GMS practice payments during an influenza pandemic*. Can be accessed from:

<http://www.bma.org.uk/ap.nsf/Content/HubInfluenza>

MAX'S MUSINGS

It had to happen; some academic desperate for acclaim has produced a study reporting that those who dress traditionally in their youth are less likely to suffer mental health problems later. I have long known that the traditional tweed jacket and corduroy trousers, for many years the badge of our office, are the outward and visible sign of an

inner balance, certitude and self-confidence, not to say rectitude. I am grateful for the scientific confirmation that those who dress otherwise (e.g. in shell-suits, lycra, hawaian shorts or 'hoodies') may be, not to put too fine a point on it, a bit unstable.

I understand that there is a belief now in some quarters that the memory function may not be confined to the brain. (No, I am not going to make jokes about where some people seem to keep their brains!) The memory may rather exist in some form throughout the nervous system of the body. It may even be like a hologram, in that the totality of the memory is contained in every portion of the system, in much the same way that each individual cell in the body contains the entire DNA needed to recreate the whole individual. Perhaps this hypothesis explains why a patient can feel his toes after the whole leg has been amputated? By extension, it may be that a major organ may contain enough of a person's personality or other traits that, having been transplanted, the skills or memories of the donor may suddenly and inexplicably manifest themselves in the recipient. While I naturally hope that in due course my donor will be a concert pianist or a very famous artist it is equally possible that he will be a serial offender. I wonder whether I could throw all the blame on my new liver when my case then comes to court, or even sue the Hospital Trust for



knowingly having put a source of moral corruption inside me. They might even take the rap for instigating the crime. Of course there is also the golden possibility that physical traits such as a good head of hair might be brought across? That might almost be worth it.



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

Advanced nurse practitioners (ANP) – in primary care

Initial developments of nurse practitioners in the late 80s and early 90s took place in primary care settings, such as general practice and on projects working with homeless people. In the main this is where most NPs deliver their services: in GP surgeries; walk in centres; urgent care facilities; OOHs; projects addressing the needs of marginalised groups and elderly care facilities.

More advancement in the role has taken place with some taking up partnerships in general practice, using opportunities such as working with Social Enterprises and commissioning priorities. Increasingly many now also work in secondary and tertiary care settings. The Nursing and Midwifery Council made proposals in 2007 to regulate ANPs in order to enhance public protection and modernise nursing careers.

The expertise of an ANP in primary care lies in his or her ability to operate as a generalist, providing complete episodes of care for patients of any age and with a wide variety of problems and health care needs, such as urgent/acute episodes, chronic conditions and health promotion. ANPs in primary care settings have a wide range of skills, a broad knowledge base and the ability to deliver specific aspects of care. Research also indicates that they are effective practitioners, valued by the patients. The ANP may work with the patient to identify a plan of care and may deliver a large proportion of it themselves and/or in partnership with other medical/health and social care colleagues. However, there is a plethora of job titles and often the term 'Nurse practitioner' or 'Advanced Nurse practitioner' is being used without their taking the appropriate level of education or completing competencies.

So...what is an advance nurse practitioner?

The RCN defines the role of an ANP as: 'A registered nurse who has undertaken a specific course of study of at least first degree (Honours) level and who:

<ul style="list-style-type: none"> • Makes professional autonomous decisions, for which he or she is accountable. • Screens patients for disease risk factors and early signs of illness. • Develops with the patient an ongoing nursing care plan for health, with an emphasis on preventative measures. • Has a supportive role in helping people to manage and live with illness. • Has the authority to admit or discharge patients from their caseload and refer patients to other health care providers as appropriate. • Provides a leadership and consultancy function as required. 	<ul style="list-style-type: none"> • Receives patients with undifferentiated and undiagnosed problems and makes an assessment of their health care needs, based on highly developed nursing knowledge and skills not usually exercised by nurses, such as physical examination. • Makes differential diagnosis using decision-making and problem solving skills. • Orders necessary investigations and provides treatment and care both individually, as part of a team and through referral to other agencies. • Provides counselling and health education. • Works collaboratively with other health care professionals and disciplines.
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How to become an ANP? A course to at least honours degree level and should cover the following subject areas:

<ul style="list-style-type: none"> • Therapeutic nursing. • History taking and clinical decision making skills. • Applied pharmacology and evidence based prescribing. • Public health and health promotion. • Research. • Accountability – including legal and ethical issues. • Political, social and economic influences on health care. 	<ul style="list-style-type: none"> • Comprehensive physical assessment of all body systems across the life span. • Health and disease, including physical, sociological, psychological and cultural aspects. • Management of patients care. • Organisational, interpersonal and communication skills. • Quality assurance. • Leadership and teaching skills.
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For more information: @ www.aanpe.org.