

Newsletter

GLOUCESTERSHIRE LOCAL MEDICAL COMMITTEE SEPTEMBER 2008 Edition

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The summer break is over, the political rallies are beginning and, better late than never, the DES Directions and Guidances are being published for the year starting 1 Apr 08.

DIRECTED ENHANCED SERVICES (DESS) FOR 2008/09

The DESSs for 2008/09 were delayed by the wrangling in the courts over the DDRB award etc. The most controversial DES is for Extended Hours Access (see below). The guidance for the other DESSs is now out: see <http://www.nhsemployers.org/pay-conditions/primary-893.cfm>.

The heart failure DES is for one year, the remainder for 2 years, all with an official start date of Apr 08. The DES Directions and SFE amendments should be issued by Oct.

- Heart failure (beta blocker). £35 per patient treated under the DES.
- Alcohol. For newly registered patients aged 16 and over a one-minute screening questionnaire and, for those screened positive, a further 10 questions with a 5 minute advice session. £2.33 per patient screened, paid at year-end.
- Learning disabilities. The lead GP, lead practice nurse and practice manager/senior receptionist will have to attend a multi-professional education session. Practices are to provide an annual health check to patients on the

local authority learning disabilities register, using an agreed protocol. Minimum standards are set out in the guidance. There will be a £50 aspiration payment for each patient on the LD register and another £50 at year-end for each health check done. The practice must obviously do enough actual checks to cover the cost of the aspiration payments.

- Osteoporosis. The practice will need to hold and maintain a register of women aged 65 years and older with fragility fractures sustained after 1 Apr 08. From this register practices will audit 3 criteria: those aged 65 - 74 with a DEXA scan confirmation of osteoporosis; those so confirmed being treated with a bone-sparing agent; and those women aged 75 and over with a history of fragility in the last 12 months who are receiving treatment with a bone-sparing agent. The maximum attainable payment, paid at year-end, will be £196.07 for an average practice. Those practices with fewer older women than average (UK average is defined as 560) will get less than £196.07 per patient. Levels of payment will depend on reaching set levels in each year for each criterion, with sliding scales of reward

between the lowest acceptable level of achievement and the threshold achievement level for the full reward.

- **Ethnicity.** Practices will be expected to record the ethnicity and first language of all patients on their list. Parents and guardians will define these for their babies and children. Aggregated data has to be reported to the PCT annually. Payment at year-end will be 5.6p per patient on the practice list provided that information for at least 50% of its patients is included in the first year and 90% in the second year.

EXTENDED OPENING HOURS SCHEME DES AND LES

The DES directions are now out, and we cannot really commend them to you. A summary is on our website with links to the main document to download if you wish. We understand from the PCT that 29 practices in this county intend to take up the LES. Would practices that intend to take up the LES or DES, or have done so, please let us know – it makes negotiating for the remainder so much easier if we know what is going on.

LOCAL ENHANCED SERVICES (LESS) FOR 2008/09

Gloucestershire PCT is issuing a LES for catch-up vaccinations for MMR and HPV. They will be offering £7.51 for each vaccination. The LMC is discussing the draft LESSs with the PCT on Fri 15 Sep, and will advise thereafter.

DEANERY SURVEY

NHS South West's Peninsula Deanery will be sending out surveys to GPs and nurses (probably in October) with the aim of producing a piece of work that will offer help and insight to everyone concerned with planning and implementing the GP workforce. It will also help to ensure the correct number of GP trainees are being recruited and educated with the necessary skills to fulfil the service needs of the future. Filling in the questionnaires is not compulsory, but should produce useful benefits in due course.

CONTINUING HEALTHCARE ASSESSMENTS

GPs are being asked to complete continuing healthcare assessments to determine whether a patient is eligible for continuing care. Section 15 (4) a and b of GMS contract specifically identifies services or actions which a GP is required to provide. The GPC's legal advisers believe that continuing health care assessments are not directly identifiable under the Essential Services in paragraph 15 of the GMS regulations.

AMBULANCE SUPPORT TO GP PRACTICES ETC

On 21 Aug 08 the Ambulance Trust sent out an important updated (version 3.0) flowchart on how to call for **urgent and emergency admissions**. The number is **0845 120 6342**, which is answered quicker than 999 and will also avoid the background questions normally inevitable to a 999 call. For **non-urgent calls**, such as chasing up where an ambulance has got to, you should now ring **0845 121 5159** to avoid clogging the emergency line with low-priority calls. These numbers can be used by any health care professional. If there is a threat to life you will get a 'blue light' response. If not then you will receive the pick-up within 4 hours unless there is a clinical reason for a quicker response. If you have not got this flowchart next to the receptionist's phone you can get a copy from Melanie.thorne@gwas.nhs.uk.



GP HOTLINE

Gloucestershire PCT has now officially launched its GP Hotline, managed by PCT bed managers, to help GPs, or any health care professional, ensure that patients receive the right care in the right place from the right team. It is hoped that it will help some patients avoid hospital admission. It will be of primary use where normal routes of access to Health and Social Care services have failed. It will be available 8:00 – 6:00 Mon to Fri and 8:00 – 4:00 on Saturdays. The number to ring is **08454 222 222** and ask for 'GP Hotline'. They should get back to you within 4 hours. (Outside of

those hours you should ring the Out of Hours service on **08454 220 220** as now.) A new leaflet is being distributed, which lists the information you will need to have to hand when you call – and there is quite a lot of it. If you have difficulty getting the leaflet we hold an electronic copy.

CHANGING THE MEDICAL RECORDS OF ADOPTED CHILDREN



Under adoption legislation, an adopted child is given a new NHS number, and all previous medical information relating to that child is put into a newly created health record. Any information relating to the identity or whereabouts of the birth parents should not be included in the new record. The change of name, NHS number and transfer of previous health information into a new health record should take place for both GP records and hospital records. There should not therefore be any difficulty in obtaining information about the child's previous treatment in secondary care.

Whilst changing or omitting information from medical records would usually be contrary to ethical and professional guidance this is not the case for the records of adopted children as there is a legal requirement that it takes place.

The Department of Health are currently looking into the issue of health records for adopted children in connection with the National Care Records Service (NCRS).

CHILD DEATHS

From 1st April 2008 it became mandatory for Local Safeguarding Children Boards (LSCBs) to review the deaths of anyone under 18 (excluding stillbirths), and in particular any deaths not predicted 24 hours before. The investigating team, the Child Death Overview Panel (CDOP), will be contacting GPs. There will be issues of practice obligations, boundaries and competences surrounding co-operation, and responding to requests for records. The GPC is developing joint guidance

with the RCGP which we will distribute as soon as it becomes available.

ADMISSION TO COMMUNITY HOSPITALS

Final guidelines for the admission/transfer of patients to medical inpatient beds in Gloucestershire's community hospitals were issued in August. They need to be read in full, since they itemise which cases should not be admitted directly to a community hospital, and the circumstances in which perhaps they can.

CREMATIONS

The Ministry of Justice intends to introduce modernised Cremation Regulations that will replace the existing, obsolete set dating from 1930. Because of Shipman, bereaved families would be given the right to inspect the medical forms before cremation. This will allow them to discuss any concerns they may have about the death with the medical referee. There is a small risk that this will delay some cremations.

The Department of Health in parallel is proposing fundamental changes to death certification processes. Thus the new Cremation Regulations themselves are likely to be replaced in the medium term by a new, single system for cremation and burials which will also incorporate regulations for when pandemic flu strikes. Medical Examiners will provide independent scrutiny of all deaths not referred to a coroner, removing the need for medical referees at crematoria, with Medical Examiners investigating all deaths. Any such changes will, however, require an Act of Parliament and there is no telling when that may happen.

REMOVAL OF PATIENTS FROM LISTS

There is a clear and useful FAQ list at <http://www.bma.org.uk/ap.nsf/Content/fagspatientreg?OpenDocument&login&Highlight=2,remove,patients> In essence the right of GPs to remove patients from their list remains, and is included in the GMS Contract, but GPs are expected to tell patients why they are doing so and to give reasonable notice.

PCT LEAFLET

The PCT are issuing a new leaflet entitled 'Get the Right Treatment', which the LMC agrees it would be right for practices to display for, or issue to,

their patients. You may expect delivery from the PCT soon. Thank you in advance for your cooperation.

RECENT POSTINGS TO THE GLOS LMC WEBSITE

Sessional GPs Summer Newsletter 08. The GPC have produced a summer newsletter to keep sessional GPs up to date with the wide range of issues affecting salaried GPs and locum GPs (known collectively as sessional GPs) e.g. salaried GP pay, extended hours, the flu pandemic and smart cards.

<http://www.gloslmc.com/link%20documents/Sessional%20GPs%20Summer%20Newsletter%20FINAL.pdf>

Document Summary: Extended Access Scheme DES Directions. The Directions do not markedly change what we knew already, but are the basis on which the SFE amendments will be produced.

<http://www.gloslmc.com/guidance/latest/Extended%20DES%20sept%2008%20DES.pdf>

Document Summary: Improving Health – Ambitions for the South West. A wide-ranging statement of what NHS SouthWest would like to achieve over the next few years. The method of implementation has yet to be promulgated.

<http://www.gloslmc.com/guidance/latest/Improving%20Health%20sept%2008.pdf>

Open Letter to Patients regarding GP's Responsibilities for Patients in Nursing Homes. It is sometimes hard to work out what services the GP can charge for and which he cannot in relation to patients at a nursing home or care home. This letter, compiled from the legislative and other rules, provides in one short reference a guidance that all can use.

<http://www.gloslmc.com/advice/latest/Nursing%20Home%20patients%20sept%202008.pdf>

Updated (v10) Guidance on Eligibility of Foreigners to NHS Treatment. We knew this was a tricky area when we started on this, and we have now had comments from as far afield as Portsmouth. This latest version is, so far as we can gather, accurate.

<http://www.gloslmc.com/advice/latest/Overseas%20Visitors%20v%2010.pdf>

Practice Planning for Pandemic Flu Attack. This document has been agreed between the PCT planners and the LMC. If practices consider all the issues raised in this document, and lay their plans accordingly, the PCT will be confident that, come the day, this county will be as well placed as possible to deal with the catastrophe. This document can be used as a planning checklist. Many practices have already responded to the PCT; we hope that using this checklist will make it easier for the remainder to do so.

<http://www.gloslmc.com/advice/latest/Pandemic%20Flu%20Generic%20Practice%20Plan%20sept%2008.pdf>

Link to a BMA page explaining why GPs sometimes make charges. Written in easy English such that all may understand.

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

Guidelines for the admission/transfer of patients to medical inpatient beds in community hospitals in Gloucestershire. Published by the PCT but posted here for ease of reference later, should you need it.

<http://www.gloslmc.com/guidance/latest/Community%20hosps%20admission%20criteria%20guidelines%20sept%2008.pdf>

MAX'S MUSINGS

In the *Hunting of the Snark* by Lewis Carroll there is the immortal line: 'What I tell you three times is true.' I take this with a grain of salt since my



children are forever saying they are short of pocket money. I don't believe it, no matter how many times they protest. I know a CD costs more than a Mars Bar, and I should be grateful that they are feeding their minds rather than rotting their teeth, but they have a choice, and shaking the parental money-tree is not the only solution to their problems. George down the road has always indexed his children's pocket money to the price of the Mars Bar. Some time ago I offered the same deal to my children but they decided to index link to the cost of CDs instead. These have been falling in price steadily ever since. I warned them about reading the market, and futures, but they insisted – to their eventual regret. It is a hard world sometimes, but you need to learn to negotiate in it, and I think the lesson was not lost on them. Even now it is becoming significantly harder to enlist their help at the kitchen sink or in the garden without some specific financial reward coming into the equation.

During my 'copious spare time', that is to say over my bowl of cornflakes in the morning and in the half hour in the bath with a swift gin and lime after surgery, I try to keep up with the daily papers. Of course there

are brief highlights, like the conflict in Georgia or the Olympics, but I find the long-term trends more interesting. One of these is the future of honey-bees. I rather like butter-dripping, honey-laden crumpets. I am now regularly informed that the bees of the world are under threat and that in a few years they may not be around to pollinate my garden any more or provide the honey I so enjoy. This is bad news. Having seen the story in so many papers I suspect there may even be a grain of truth in what they report. There do seem to be fewer honey-bees around the garden of late, although there are still quantities of bumble bees, ants, flies, wasps, centipedes etc. One of my patients keeps bees. He holds the view that the best way to build up immunity to bee stings is to be stung frequently; slight contact with venom, he feels, might create an allergy. So he marches his young children down to the hive every Saturday specifically for them to be stung. I wonder, sometimes, whether his children really appreciate this outburst of parental affection for what it is, and how they will turn out in the long run. But that is the advantage of being a GP – I may well know them long enough to find out – unlike those manning the local Darzi health centre from next year who will have no idea at all.

I also wonder if my boys' lessons in financial management will in the long term be beneficial or damaging. Who can say? We must each do what we think is for the best.



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