Newsletter

GLOUCESTERSHIRE LOCAL MEDICAL COMMITTEE

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Rumours of General Election dates abound – it could be as early as April. The present government has during its time in office spent a great deal of money and effort on healthcare improvements, some of which have worked. A new government will want to be seen as equally benevolent; but it will have to do so while attempting to balance its current budget and reduce the overall level of government debt. Consequently you may be sure of hearing the words 'compensating reductions', 'efficiency savings' and 'slippage' bandied about for the next few years. Always remember, though, that general practice costs the NHS much less in pounds per appointment than secondary care, and will thus remain the essential foundation of a good health service. Services may increasingly be shifted from secondary care to primary care, but they must be properly resourced.

GOODBYE SOON TO SICK NOTES

With effect from 6 Apr (so there is a little time left) the Sick Notes (the current Forms Med 3 and Med 5) will be replaced by a Statement of Fitness to Work (Form Med 3 04/10). Detailed background advice, description of the form, instructions for filling it in and FAQ are at: http://www.dwp.gov.uk/docs/fitnote-gp-guide.pdf

Forms RM7 and Med 6 are also being withdrawn. However, Forms Med 10 and MatB1 will remain current.

SICK CHILDREN MISSING EXAMS

OfQual is the authority in this area and has written to the GPC to confirm that there is no requirement for pupils to obtain a medical certificate in support of an application for 'special consideration'. The Joint Council for Qualifications (JCQ) has confirmed that a statement by the school that the pupil was absent as a result of illness will be enough; medical proof does not need to be provided. This message has also been passed down to schools via the Department for Children, Schools and Families and local authorities and will also be passed to teachers' associations and unions.

YOUR CHANCE TO INFLUENCE I.T.

NHS Connecting for Health has developed a survey for completion by GP Clinical System users in order to obtain feedback from GPs about the quality of the service provided by GP system suppliers. The survey is a one-pager. Practices were sent the link to it on 4 Feb so this is more of a reminder and a back-stop. If, as an individual user rather than as a practice, you have not filled in the questionnaire you may

want to take 10 minutes to do so at http://www.survey.connectingforhealth.nhs.uk/gpsystem

It also gives you the chance to comment on how slow your internet connection is… All responses are confidential, unless you choose to submit your email address.

The deadline for completion is **Friday 5th March at 5pm**

SESSIONAL GPs – PLEASE READ

If you are a sessional GP you should by now have received an important questionnaire from the GPC Sessional sub-committee. It will affect DDRB submissions on your behalf. If you have not yet had it, or have questions about this process, you should contact the BMA's research department at info.hperu@bma.org.uk. For further details please visit the BMA website at: http://www.bma.org.uk/employmentandcontracts/employmentcontracts/salaried_gps/gpsessionalsurvey.jsp?page=1

NATIONAL AUDIT OF FALLS AND BONE HEALTH IN OLDER PEOPLE

The Royal College of Physicians is alerting us that from September for 4 months their Clinical Effectiveness and Evaluation Unit (CEEU) will be carrying out the above audit for the Health Quality Improvement Partnership, funded by DH. As part of this audit GHT is expected to be contacting practices about a small number of patients who have presented to trauma departments during this period. The amount of data required should be fairly small. Only aggregated data will be submitted to the CEEU. The National Information Governance Board confirms that this planned activity is in line with the usual data protection safeguards. On that basis we hope any practices contacted will agree to cooperate.

SENIORITY FIGURE

The Final Seniority Figure for 2006/07 for England has now been published by the Technical Steering Committee. The figure is £92,140.

SWINE FLU

Going off the boil now, but there are 2 points to note:

- Some practices have received a questionnaire from the Health Protection Agency (HPA) to evaluate swine flu vaccine efficacy following confirmed cases of swine flu in their area. This is a sampling exercise and the questionnaire is in effect a 'Yellow card' form because the vaccine is new. The GPC believes it would be good practice to fill in such a form, and no fee can be charged by the practice for doing so.
- Following a query where some practices thought that the wording in the H1N1 vaccination DES around validation and payment meant that practices had to provide written information to PCOs, the NHSE have confirmed that this is not the case. If an extraction process (such as the FHSA) is available then using this route is acceptable.

CONSOLIDATED SFE

GMS practices will welcome a consolidation of the Statement of Financial Entitlements (SFE), and those PMS practices considering a move to nGMS may also find it useful to have everything in one document, which you can find at: http://www.dh.gov.uk/en/Healthcare/Primarycare/Primarycarecontracting/GMS/DH_4133079

QOF DEPRESSION TARGETS

For the avoidance of doubt, please note that the depression targets DEP2 and DEP3 refer to a requirement for an assessment of severity to be carried out, not necessarily that the practice should carry out the assessment. Assessments carried out elsewhere may still count towards the QOF provided that the other elements of the indicators are complied with.

WHAT WOULD YOU LIKE TO SEE IN QoF IN 2 YEARS' TIME?

The National Institute for Health and Clinical Excellence (NICE) opened the second and final phase of topic suggestion for the 2012/13 Quality and Outcomes Framework (QOF) on 8 Feb,

and YOU can respond up until Mon 8 Mar. You can submit suggestions for new indicators for QOF based on NICE guidance or other NHS Evidence accredited sources at the NICE website (www.nice.org.uk/aboutnice/qof/suggestion.jsp).
When this four-week period closes each suggestion will be reviewed against criteria provided in the submission form and suitable suggestions for the QoF will be presented to an independent advisory committee to consider. Their advice will be finally debated and acted on by the NHS Employers and the BMA. The indicators for the 2012/13 QoF will be the first set to pass through the new NICE process in full, and this topic-suggestion period represents the first stage of their development.

RESUSCITATION

As part of good medical practice for end of life care, practice notes carry stickers which at the moment show DNAR (Do Not Attempt Resuscitation). This will soon be changed to AND (Allow Natural Death). Until people become used to the change DNAR will still appear in brackets beside AND.

MILITARY VETERANS - PRIORITY

When referring a military veteran for diagnosis or treatment you should record that veteran's military status as part of the referral unless the patient objects. Please also say in the referral whether you consider the patient's condition is likely to be related to the patient's time in the Services.

Note that secondary care clinicians will not be giving veterans priority over other patients with more urgent clinical needs.
In order to ensure continuity of care, it is anticipated Defence Medical Services will start sending service medical records to GPs when individuals leave the Armed Forces. Practices are asked to include as a minimum the "History Relating to Military Service" code (Read Code Xa8Da or SNoMed CT: 302121005) against all known veterans within the practice.

BMA EMPLOYMENT LAW COURSES

BMA are offering courses on Managing Change, Managing Performance and Managing Staff. Details are at: www.bms.org.uk/conferences and go to 'Employment Related Courses' or ring 020 733 6605/6137.

PRACTICE BOUNDARY ABOLITION

In order to give a very challenging government policy some chance of being implemented practically the General Practitioners Committee's solution to the abolition of practice boundaries is to meet the government half-way. They suggest combining a series of local improvements with a national change in the current "temporary resident" arrangements. Local solutions should include: permitting the widening of the boundaries of all practices in an urban area so patients have greater choice; the introduction of videophone and webcam consultations; and formally allowing patients who move outside a practice boundary the option of staying with their GP. The change in the temporary resident arrangements would mean unregistered patients could be treated by a distant practice on an 'ad hoc' basis whenever necessary, while their normal GP practice would still oversee their care. It would have the added benefit of encouraging patients, who might otherwise inappropriately attend A&E, to go to the nearest GP surgery instead.

MORE ABOUT CRB AND ISA

CRB is the gateway to ISA registration. When ISA registration is fully rolled-out it will cost nothing to do an on-line search to see if an individual is registered with ISA. If registered it proves there is no recorded reason why the individual can not work with vulnerable groups. If not ISA registered it may be because:

- ISA registration is not yet available for that group of persons.
- They may never have applied.
- They may have left the scheme.
- The log-on number provided by the individual to the searching practice may have been incorrect.

- They are actually on one of the barred lists and definitely should not work with vulnerable groups.

However, the only way to find out whether an individual is actually on a barred list is to apply for an enhanced CRB disclosure.

Obviously clinical staff in a GP practice are engaged in 'regulated activity'. The GPC advises that to avoid falling foul of the law all receptionists, practice managers and cleaners (less those who do their work when the practice is closed to patients and have no access to patient records) should be treated as being involved in 'controlled activity'.

The PCT requires that from 1 Apr 10 all new recruits or staff changing jobs who work in a GP surgery and have access to medical records or patients must have an enhanced CRB disclosure carried out, and that it should be repeated every 3 years. This is because it will take years for ISA registration to come into force for all concerned so the only way to be sure is by applying for an enhanced CRB disclosure. The LMC supports this approach as an interim measure until 2015 when ISA registration becomes fully available.

QUALITY ACCOUNTS

Quality accounts are on the horizon. The government's aim is that by June 2011 general medical practices will have to produce them. In the meantime be aware that trusts at secondary care level will have to produce quality accounts from 1 Apr 10.

MAX'S MUSINGS

Samuel Johnson once famously remarked, "Depend upon it, Sir, when a man knows he is to be hanged in a fortnight, it concentrates his mind wonderfully." I listened to Tony Robinson giving the Dimbleby lecture on behalf of his friend Sir Terry Pratchett. The author had obviously thought very deeply and clearly about his condition and its inevitable consequence and was most persuasive. I believe we are in for a bit of a shake-up in the euthanasia department if his ideas take hold. He spoke so clearly and passionately that I could well see the attraction of sitting in a sunny garden with a little glass of something and listening to good music with friends and family around me as the poison takes effect.

Socrates took hemlock. Xenophon wrote that "[Socrates] believed he would be better off dead" and that he would be glad to circumvent the rigours of old age by being sentenced to death. According to Wikipedia (my source for much information nowadays) Socrates also wished to die because he "actually believed the right time had come for him to die". Socrates' last words to Crito were: "Crito, we owe a cock to Asclepius. Please don't forget to pay the debt." Since Asclepius was the Greek god for curing illness Socrates probably saw death as the ultimate cure.

I imagine others will be similarly persuaded but, for myself, I shall experiment initially with the sunshine, friends, music and a little something. The hemlock will have to wait.

And finally:

> 'By the time he was admitted, his rapid heart had stopped, and he was feeling better.'
>
> 'She slipped on the ice and apparently her legs went in separate directions in early December.'

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