

Somerset LMC Newsletter



September 2004

Issue 109

Out of Hours

What YOU need to do.....

Inside this issue:

OOH	1
QuOF Visits	2
PMS Agreements	2
Position Paper on Impact of GMS on PMS	2
Telephone Preference Service	2
Vulnerable Single People	3
Criminal Record Disclosures	3
Complaints Procedure	3
MMR Boosters	3
Small Ads	4

The PCT led service is still on track to start on 1st October. As of this weekend (11/12 September) 80% of the new rota has been taken up, but there are significant vacancies which must now be filled if the transfer of responsibility is to go ahead.

To fill the whole rota with established Somerset GPs requires each WTE GP to work just under two sessions and one standby in a month – a little less than the best co-op rota we have had in the county up to now. With locums, non-principals, and willing volunteers already doing a fair amount, a couple of shifts a month should be enough.

If the rota is not filled, then the service cannot transfer in October. However, the supporting structures for co-ops will have been dismantled, which will leave the responsibility with individual practices to provide 24 hour cover at least until 2nd January 2005. The transfer of overnight cover to the PCTS is a pilot that could be discontinued.

We therefore need each **practice** to offer to work the appropriate number of sessions for the next three months until the new service is up and working, recognising that within each partnership there will be doctors who are unable to contribute personally. Over this period there will be a chance to plan further reconfiguration, which will reduce the demand for GPs, and also to recruit more full-time doctors to the team.

There will inevitably continue to be some difficulties with the changes, but if enough GPs are prepared work sessions these can be dealt with as they crop up. The LMC is continuing to discuss the amount and distribution of GP input to the service.

Please note

- Additional training is not required for Doctors already working in general practice in Somerset, but you should be prepared to use the OOH Handbook procedures as appropriate.
- The tortuous contract and payment process is being urgently addressed and it is hoped a better system will be available soon
- Session timing and responsibilities will be adjusted as the demand pattern becomes clearer
- Updates on current vacancies will be issued twice a week. You can offer to work sessions by ringing the GPSC 01823-252507 on Monday Wednesday and Fridays alternatively e mail gpsc-rotas@somerset.nhs.uk or nicky.cambrook@mendip-pct.nhs.uk

You can volunteer to work a specific session or offer options. There is no minimum commitment, just a single session would help.

For a number of reasons the service has not up to now been as responsive to GP concerns as we would like but we now have effective channels of communication either through Alan Nelson, GP in Minehead and the Clinical Lead, or via the LMC office. Please offer **today** to work some sessions. Let us know if you have any questions or anxieties.

Quality & Outcome Framework Assessment Visits

Can be made useful for everyone involved

By now you will have had from the PCT a rather intimidating list of material that you need to collect for the QOF visits which start next month. It is clear that if we were to start slavishly at the top of the first page, it is entirely likely that by the end of the day the visitors would not get to the bottom of the same page if every nit was to be picked on the way. The PCTs recognise this, and are genuinely planning to use a "high trust, light touch approach".

Dealing with major disagreements

They have also agreed that if a major area of disagreement arises it will be left on one side so that the rest of the visit can be completed. However, if you do run into this problem, please contact the LMC so that we can help in brokering a solution.

Patient confidentiality

The Department of Health has just issued new guidance on confidentiality, the full text of which can be found at www.dh.gov.uk. During a QOF visit the practice is responsible for ensuring that as much as possible of the required information is anonymised. The PCT is empowered to ask for patient identifiable information *but* it is *their* responsibility to obtain informed patient consent to any such disclosure. Most data that they need can be adequately anonymised, but if in doubt ensure that the PCT team know that the information they are about to see may be patient identifiable so that the team leader can take appropriate action.

QOF Progress Report

The QOF visit is really intended to make sure practices understand what they have to do to achieve their aspiration, and have plans in place for achieving this. You do not have to have all the data collected, nor do you have to have everything completely planned out - if you only have outline plans in some areas this should be acceptable, so long as the practice can explain how these are going to be implemented before April.

Patient Experience Section

There are two approved patient surveys for this section, GPAQ and IPQ. Please note that both are copyright, and cannot be used or copied without consent. CFEP, who produce the IPQ, include full analysis of the data in their price, details from www.ex.ac.uk/cfep. For information about GPAQ see their website at www.gpaq.info.

Telephone Preference Service

Practice phone and fax numbers can now be registered.

Quite a few of us use this excellent service for reducing junk calls on our home phone numbers. Since June 25th it has been possible for partnerships and companies to be included, so do go to www.tpsonline.org.uk and register your practice phone and fax lines. It takes 28 days for the registration to become effective, but it really does work. *Many thanks to Jim McSheehy at College Way Surgery for pointing this out to us.*

PMS MATTERS

PMS Agreements

Need to be reviewed by the end of September

PMS practices will be aware that their agreements have to be revised by the end of the month to be made compliant with the new Regulations. The LMC is still of the view that the Lockharts' draft agreement is the safest version to adopt, although we are aware that others are being circulated. These include one from Birmingham and the Black Country StHA that has been purchased by Dorset & Somerset for use by local PCTs and practices. We hope to have a half day seminar on PMS agreements before the end of the month, but in the meantime please contact the office before you sign any agreement.

Position Paper on impact of nGMS on PMS

Avon LMC has published an extremely helpful short paper on a number of ways in which the new GMS contract influences PMS. It is published on the LMC website at

www.somersetlmc.demon.co.uk, or on the Avon site at www.avonlmc.co.uk.

Vulnerable Single People and Homelessness

PCTs have a statutory responsibility to advise local authority housing departments about the relevance medical problems to a request for housing. Sometimes they can do this without specific knowledge of the patient, but sometimes they will contact the GP for information. You have no contractual responsibility to provide this, but as most of you know the LMC agreed with the old county Health Authority, when it was the NHS organisation concerned, to encourage GPs to fill in the tick box advice form produced by Public Health. Since the 1996 Housing Act the decision has hinged upon "vulnerability" which is defined in case law as "if the person were to become homeless, their health difficulties would make them less able to fend for themselves so that injury or detriment will result, where a less vulnerable person would be able to cope without harmful effects". The final decision on vulnerability rests with the housing authority, but if they decide the applicant is vulnerable, they have to house them.

Unfortunately, there is no formal relationship between the NHS and Housing Associations, who are responsible for an increasing proportion of social housing. Again, you are not required to provide information to a Housing Association (though most of us usually do, because the patient cannot get this support from anyone else) but it would be reasonable to use the same standard of vulnerability unless you are asked a specific question. If you feel a Housing Association is asking for unreasonable information or making too frequent requests, please contact the LMC office.

Enhanced Criminal Record Disclosures for Primary Medical Performers

Between November and February, PCTs are going to have to undertake CRB checks on all GPs on their Performers list who have not already had this done. After February no GP can be on the list until the check has been completed, and as this takes several weeks it is important to make sure that not only have all the doctors working in the practice been checked, but also that anyone joining you has as well, or they may be twiddling their thumbs for 6 weeks. There is a form to complete (is there ever not a

form to complete?) and a selection of documents must be produced to confirm the identity of the applicant. Rather than have PCT officers and GPs criss-crossing the county to deliver bits of paper, it looks as though the PCTs will be able to appoint practice managers as their proxies for collecting and copying the paperwork required.

Changes in Complaints Procedures

From 30th July Independent Reviews to be managed by the Healthcare Commission

There are a number of changes afoot in the whole NHS complaints system, but one that has now been implemented is a change in the IRP process. In future, complainants requesting an Independent Review will be directed to the Healthcare Commission who will decide whether to convene one. We think this is a good move, because Review Panels have had a mixed reputation and a central organisation providing consistent training must be a step forward. Reviews already in the system will continue as planned, and the new arrangements are not retrospective, so old decisions will not be revisited. You do need to change your complaints documentation to reflect the new process. Probably the best place for patients to find out how to contact the Commission is through the appropriate PALS officer.

MMR Boosters for Young Adults

Please offer opportunistic MMR if you can

Many School leavers and young adults remain susceptible to mumps as they were not part of the cohort that benefited from the intervention of MMR in 1998. There have recently been outbreaks in Cornwall, Devon and Avon, so it is only a matter of time before it is our turn.

Dr Kumaran, the new Consultant in Communicable Diseases for Somerset, is writing to raise awareness of this issue.

The LMC is in discussion with the PCTs about remuneration for this, but please can practices start to do this whilst this negotiation is underway as it is important to take swift action.

Small Ads Small Ads Small. Small Ads.....

Frome Medical Practice

SALARIED GPs REQUIRED-NEAR BATH

Salaried GP's required to work in innovative PMS Practice in Somerset market town.

You will be working under the umbrella of this large training Practice. We are therefore able to be flexible and can accommodate any number of sessions to fit individual applicants needs both now and in the future as your circumstances change.

We Offer:

- Full CPD Programme
- Paperless EMIS Practice
- Practice Nurse Team of 17 led by "Practice Nurse of the Year"
- Comprehensive management and Primary Care Team including Health Visitors, District Nurses, Counsellors etc

Further information can be obtained by visiting our website at

www.fromemedicalpractice.co.uk or by contacting Susan Palmer, Practice Manager by

Email: sue.palmer@fromemedicalpractice.nhs.uk

Mail: The Frome Medical Practice, The Health Centre, Park Road, Frome, Somerset BA11 1EZ

Telephone: 01373 301304

Apply by letter including CV .

GP Recently completed local VTS seeks post in the Taunton area. Wide range of experience, special interest in Paediatrics and Child Health.

Full CV available via LMC administrator.

FootNote

A group of GPs were so angry about something in the new contract they decided to picket the PCT building. The Primary Care Manager rang the Chief Executive to tell him. "What are they protesting about?" said the CE.

"I don't know" replied the manager. "We're waiting for a pharmacist to come and read their signs."

Editor Dr Harry Yoxall

Somerset Local Medical Committee, c/o Taunton Deane PCT, Wellsprings Road, Taunton TA2 7PQ

Tel No: 01823 344314 Fax No: 01823 344390 E-mail: administrator@somersetlmc.demon.co.uk

LMC Website: <http://www.somersetlmc.demon.co.uk>