Somerset LMC Newsletter

June 2012

Issue 174

Inside this issue:

A LETTER FROM THE CHAIRMAN OF THE LMC

May I introduce myself to you as the newly elected LMC Chairman and let you know of some other changes to our team. The new Vice-Chairman is Dr Nick Bray (North Petherton) whilst Dr Andrew Dayani (Williton) continues as the LMC representative on the shadow Clinical Commissioning Group. Dr Barry Moyse has stepped down after his statutory 4 years in the chair and has returned to his previous role of Assistant Medical Secretary. The rest of the secretariat is as before: Jill Hellens (Executive Manager), Sarah Johns and Erica Baily (Executive Officers) and Harry Yoxall (Medical Secretary).

With the Health Bill now law and CCGs heading towards authorisation the role of the LMC in the new NHS may appear unclear, especially as the CCG has GP delegates whom one might expect to give a GP opinion on a range of matters. In fact, the Bill confirms that the LMC is the only statutory body which has a mandate for collective negotiation on GP contract matters, in particular those which involve our member practices in additional work or responsibilities. CCGs are appointed to be commissioners and therefore GPs working within them are filling this specific role. Hence, when any organisation is discussing the provision of a service to patients and it is suggested that this is something that general practices *may* do, the CCG is not in a position to decide that GPs *will* do so.

Somerset LMC has been pleased to help both in developing the organisation of the CCG and arranging elections initially to the interim board and now the Clinical Operations Group, and we anticipate a good working relationship with the new substantive organisation, which itself has made solid progress to take on responsibility for commissioning services under the Health and Social Care Bill. Clinically led commissioning could yield important benefits for the NHS.

The role and development of GP Federations has been the subject of a recent LMC discussion paper. Their size, structure and function varies across the county, largely arising from historical and geographical considerations. At present they tend to be informal associations of practices, but they will play an increasingly important role in liaison with the CCG. Federations are likely to develop in different ways and in different directions, and the LMC strongly believes that they should retain their autonomy.

A key role for the LMC in the next four years will be to resist the rising tide of unpaid work that is flowing into general practice. It is easy, and tempting, to agree to one or two new tasks where these seem to be to the benefit of patients and the service, but one or two become ten or twenty, then a hundred or two hundred. The LMC will therefore continue to have regular liaison meetings with other bodies that have a direct impact on Primary Care. Our meetings with NHS Somerset will become less frequent as their role diminishes, but we will establish more regular meetings with the CCG. And also continue to meet regularly with other groups such as the Acute Trusts, Somerset Partnership, SWAST and others.

I firmly believe that it is important that the roles of the various GP organisations in the new NHS (LMC, Federations, CCGs) are clear about each others' responsibilities so that we can get on and provide more efficient and

effective care for our patients, which is, after all, what we are all trying to do.

Many thanks to Kathryn Edwards who has been my fellow Vice-Chair for the last couple of years, for all her hard work in this time. It has been a pleasure to have worked with her and I am very grateful that she remains on the Committee. In addition I must pay tribute to Barry, who has stepped down as Chair, for his distinguished and calm leadership over the previous four years of change and hands on a strong and supportive Committee for the next four!

Dr Sue Roberts

2012 CONFERENCE OF LMC

The contributions from Somerset

Somerset LMC took centre stage early in the conference in the form of Dr Nick Bray who led the debate on his motion that conference should note that the Commonwealth Fund had rated the NHS among the best healthcare systems in the world. Later quoted in BMA News, Dr Bray said that GPs should be "shouting from the rooftops" (*Matt. 10 v. 28*) the successes and value for money highlighted in the report to counteract the gloom of longer working days and plummeting morale. Sounding a warning note he questioned whether the latest NHS reforms would allow the UK to retain this standing in future.

Following the overwhelming defeat of a motion critical of the BMA leaderships approach to the Health & Social Care Act, Dr Bray spoke eloquently once more in a debate attacking the Act, describing the dilemma of a practice having to choose whether to appoint a "jobbing GP" or a "keen manager" as a new partner, but helping to defeat a suggestion that every practice should consider withdrawing from involvement with CCGs.

After various delays Dr Barry Moyse was able to propose Somerset's own motion 59, dealing with the inadequacy of the FP69 process even when efficiently administered by an excellent local PPS (let alone by SBS) and setting out constructive suggestions for how it could be improved. The motion was passed without significant opposition and with GPC support.

On the second day Dr Andrew Dayani spoke to oppose a section of motion 104 which asked conference to believe, "…it is of paramount importance that GPs retain responsibility for providing sick notes and supporting incapacity claims" and his eloquence greatly contributed to its being rejected.

In the afternoon the new chairman had her chance to speak in a debate on motion 100. The main motion was in favour of increased communication between GPC and other agencies but the proposer actually spoke about demanding urgent action by the GPC to clarify the relationships between CCGs, LMCs, PCTS, the GPC and BMA. He did not address Somerset's part of the composite motion that demanded that the GPC had their own website to improve communications. Dr Sue Roberts bravely spoke as a non BMA member and was hissed for her honesty. The GPC subcommittee chairman then pointed out that a two thirds majority would be required because of the financial implications. Our part of the motion was only narrowly lost.

Dr Roberts rose again just before the end of the day to oppose a subsection of a motion asking that detailed information be provided to GPs about devices and prostheses used in their patients. The proposer of the motion, totally against protocol and standing orders, declined to propose this part of the main motion and asked the Committee to take it as a reference, using all but one of Dr Robert's carefully prepared arguments. The remaining one, that the possession of such information would be one step away from being obliged to sort out the ensuing mess, was provided by Dr John Canning of the GPC using the rare device of an emergency speaker's slip. The new chairman's fox being by now well and truly shot, the Somerset delegation withdrew after seeing the motion defeated and made its way to Lime Street Station in triumph. Here they discovered their train was named the "Mission Accomplished."

A fuller report of the conference can be found on the LMC website at www.somersetlmc.co.uk

GP PRESCRIPTION REQUESTS FROM HOSPITAL OUTPATIENTS

Should allow 10 days for the practice to issue

The LMC accepts that there are good reasons for prescriptions to be issued by the GP practice whenever possible. Not only is this

safer, but the GP can select the most appropriate drug in a particular class, and the NHS saves the 20% VAT charged to Trusts when they buy in medication for dispensing. However, there is an agreement within the contracts between TST and YDH and the commissioners that if medication is needed within 10 days of an outpatient attendance the prescription should be provided by the hospital doctor. If you get a request from outpatients for an immediate prescription or for medication to be issued in less than 10 days, please can you contact the LMC office with the details. We will collate these and pass on information to the relevant trust's medical director and the CCG, as well as the responsible consultant.

METAL ON METAL JOINT REPLACEMENTS

Follow up responsibility is with the Surgical Provider

Somerset has several hundred patients with large head replacement joints (>36mm) and TST, TDH and SMTC have set up helplines for patients to ring and check if they are in doubt. All relevant patients will be seen for review and blood ion checks, but this will take time. If patients have had surgery elsewhere they should contact their original provider but if they have had one of these prostheses they can be referred to TST or YDH for follow up if they are now living in Somerset. Interpretation of blood chromium and cobalt levels is fairly arbitrary, but the concern about higher levels is that they may be associated with local tissue damage around the prosthesis rather than with systemic toxicity. If one levels are raised blood tests will be repeated by the Trust after 3 months and then annually if indicated. Interpreting the results is not a GP responsibility and this needs to be done along with other clinical and radiological information.

APPLIANCE SUPPLY WITHOUT A PRESCRIPTION

Practices are still sometimes contacted by an appliance provider for a prescription after an item has been dispensed. The PCT advises that retrospective prescriptions should NOT be issued and that the items can be regarded as a gift to the NHS from the provider. Patients should always receive an initial supply of appliances from the hospital so emergency supply requests should be rare

X-RAYS AND IMAGES SHOWING POSSIBLE LUNG CANCER

Will in future automatically be sent to the Lung Cancer Team

Following recent NICE guidance the Imaging Department at TST will in future send copies of all reports suggestive of lung cancer to the Lung Cancer MDT as well as the requesting doctor. This is intended as a safety net to ensure possible cancers are not missed or lost in the system. Please note that you will still need to send an urgent "Two Week Wait" referral to a Chest Physician as usual. We anticipate that this will become standard procedure in all acute trusts within the next few months.

UNSETTLED BY A 360 DEGREE APPRAISAL?

Contact SuCceSS for advice

A number of recent changes, notably the move towards Revalidation from next year, have made 360 degree appraisal suddenly fashionable. Although in most cases the opinions of colleagues will be supportive and reassuring, there are bound to be people who, for any one of many reasons, may be more negative. Most of the time we can cope with that and learn from it, but if you are feeling vulnerable a critical appraisal can be hurtful and damaging. Particularly if a doctor is isolated - perhaps working as a sessional locum – it may be hard to know how best to deal with this. Please do not forget the Somerset Clinician Support Service whose advocates are there to help and support colleagues through just this sort of event: www.somersetsafehouse.co.uk or ring 0300 200 0219.

IMAGE EXCHANGE PORTAL

Allows Hospital Trusts to Exchange X-ray Images

GPs will be used to getting letters from hospital doctors asking for copies of reports or images done at other hospitals to be forwarded. There is no need for this step as it is possible for the specialist to be sent a copy of the image directly within a few minutes by using a subscription service (all Somerset providers and RUH are members of this) called the "Image Exchange Portal". The requesting hospital simply need to ask the provider holding the image to send a copy through, and it is available to the receiving Imaging Department within a few minutes.

SMALL ADS SMALL ADS .....

FULL TIME PARTNER: TAUNTON ROAD MEDICAL CENTRE, BRIDGWATER

Details: 8 sessions per week, part time applications considered.

Contact: For informal enquiries or to apply contact Carol Hobbs, Practice Business Manager on 01278 720022 or email

carol.hobbs@tauntonroadmc.nhs.uk. Closing date 23rd June 2012. www.trmc.co.uk.

GP: SOUTH PETHERTON COMMUNITY HOSPITAL

Details: GP with interest in elderly care and stroke rehabilitation required for 3 sessions per week.

Contact: For further details please email

sarah.more@martocksurgery.nhs.uk or tel. 01935 822541. www.martocksurgery.co.uk

RGN & HCA: COMMUNITY LEG ULCER SERVICE

Details: Any hours to suit considered.

Contact: Nicola Hardwill, Hendford Lodge Medical Centre, Yeovil, tel. 01935 470200. Closing date 15th June 2012.

PART TIME SALARIED GP: AXBRIDGE & WEDMORE MEDICAL PRACTICE

Details: 2 sessions per week on Thursdays with possibility of additional sessions after 6 months.

Contact: Susan Morgan, Practice Manager for an information pack, tel. 01934 734200 or susan.morgan@axbridgewedmoredoctors@nhs.uk. www.axbridgewedmoredoctors.co.uk. Closing date 22nd June 2012.

LOCUM GP: SPRINGMEAD SURGERY, CHARD

Details: Required to cover 3 month sabbatical from 16 July to mid October 2012, 8 sessions over 4 days (job share will be considered).

Contact: For an informal discussion please contact Dr Martyn Hughes or Jane Hobbs, Practice Manager on 01460 63380. To apply by CV please send to Jane Hobbs, Springmead Surgery, Summerfields Road, Chard TA20 2EW or email to jane.hobbs@springmead.nhs.uk. www.springmeadsurgery.co.uk. Closing date 8th June 2012.

ADDITIONAL GP PARTNER FOR BURNHAM & BERROW MEDICAL CENTRE, BURNHAM-ON-SEA

Details: full time GP eight sessions a week

Contact: Written applications including CV

Debbie Hale, Management Partner, Burnham & Berrow Medical Centre, Love Lane, Burnham-on-Sea, Somerset TA8 1EU.

Further Details Debbie Hale Practice Manager

Telephone 01278 772780
Email: debbie.hale@burnhammc.nhs.uk. www.burnhammedicalcentre.co.uk

GP IN THE EMERGENCY DEPARTMENT

A chance to undertake some Interesting and valuable work

Somerset GPs with local experience are invited to work in the Emergency Department at Musgrove Park Hospital as a "GPED". You do not require emergency medicine experience but will be integrated into the A&E team to see primary care and complex patients with long term conditions to help prevent admissions into the hospital. Shifts are between 12pm and 5pm and 5pm and 9pm 7 days a week. There is mainly a need for doctors to provide cover for Mondays and some occasional weekend shifts, and you can offer to do regular or ad hoc shifts. GPs currently in the service say that they are comfortable with the kind of work they are asked to do, and enjoy both the interaction with A&E staff (who really appreciate having a GP there) and having the time to manage complex cases properly.

For further information contact Dr Michael Gorman (GP lead) on Mike.PBC@sky.com or ring the LMC office 01823 331428.

PRISON GENERAL PRACTITIONER: SHEPTON MALLET PRISON

One session per week, Wednesday am preferably plus on call 2 weekends per month to work alongside another GP. Somerset Partnership provide all Primary Care services for the 189 Life Sentenced prisoners at the prison. There will be some aspects of management/administration within the post. This post would be particularly interesting to professionals who wish to follow a career with a particular emphasis on behaviour management and addressing health inequalities. An interest in substance abuse is desirable. For further details please contact Lucy Hornshaw on 01749 823314.

Somerset Local Medical Committee, Crown Medical Centre, Venture Way, Taunton TA2 8QY

Tel No: 01823 331428 Fax No: 01823 338561 E-mail: lmcoffice@somersetlmc.nhs.uk
LMC Website: http://www.somersetlmc.co.uk