

LMC ViewPoint

The Newsletter of the Leeds Local Medical Committee

Issue 129 – July, 2006

FOOT AND ANKLE REFERRALS

Leeds LMC has been made aware that GPs in Leeds have been receiving a standard letter from Sylvia Craven, Head of the Clinical Management Team, following their having made a foot and ankle referral.

The letter states that “we have too many foot and ankle referrals to manage in the capacity we have and cannot treat all the patients that require treatment. There is no point in accepting patients on a waiting list just to allow them to languish there for some time; this is not fair to the patient or to the referring clinician.”

LMC members were dismayed that orthopaedics at LTHT were, once more, proving to be a problem and were shocked that patients had effectively been kept waiting for their referral to be rejected, when a letter to all practices, whether or not they had referred a foot and ankle patient would have been fairer to the patient and to the referring clinician.

The June LMC meeting resolved to raise the matter with the acute Trust and the PCTs.

eGFRs

Following concerns that delivery of the QOF would be less easy than envisaged if LTHT labs did not fall into line with labs elsewhere in the country routinely to provide eGFRs, Leeds LMC is pleased to announce that the service is about to go live in July.

Mike Bosomworth, Acting Head of Clinical Biochemistry and Immunology at LTHT, has produced guidelines which have received LMC approval. We hope to see this in the Leeds Health Pathways in the near future.

SKIPTON FUND APPEALS PANEL

The NHS Appointments Commission is hoping to make two appointments to the Skipton Fund Appeals Panel: a haematologist and a GP. They will join a hepatologist and the legal professional chairing the panel which begins work in July, 2006.

The Skipton Fund administers a scheme to make ex-gratia payments to individuals infected with hepatitis C as a result of receiving NHS blood or blood products and the independent Appeals Panel is being set up to reconsider the cases of any claimants who appeal against individual decisions made by the Fund.

A fee of £140 per day for medical members will be paid, together with allowances for necessary travel and subsistence at centrally-set rates.

Anyone interested in applying for a post should ring 0870 240 3802 during office hours or go to www.appointments.org.uk - quoting reference NAT216M – for an information pack and application form which is available in large type, Braille or on tape. The closing date for applications is noon on Wednesday, 12 July, 2006.

APMS EVENT – GIVING GPs AN OVERVIEW OF THE PROCUREMENT PROCESS

For some time, Leeds LMC has been insisting, in its meeting with the PCTs, that a level playing field needed to be created for the tendering process for APMS opportunities.

The PCTs have listened to the LMC and are organising two separate events designed to help practices compete with larger commercial organisations in the pre-questionnaire stage of the bidding process, the early stage at which practices elsewhere have come unstuck.

Leeds LMC has already received expressions of interest in the sessions, even before they were officially announced and it seems that there will be a lively interest from existing practices who wish to put in bid for APMS, whether for part of or the whole of the contract.

Leeds North East PCT informed Leeds LMC that a flyer regarding the APMS meetings would be sent to all practices.

Leeds North East PCT informed Leeds LMC of dates and venues:-

St Gemma's Hospice, Prout Conference Centre, 9th August at 11.00am

The Host Conference 21 Savile Mount, 10th August at 11.00am

While GPs might have wished the dates had been other than in the most popular holiday month, the time frame for the tendering process has given the PCTs little room for manoeuvre.

ACCESS

There has been much discussion about changes to the way targets are monitored. This is in relation to modification of the existing Primary Care Access Survey (PCAS) which all PCTs use to check on 48-hour access targets. The commitment of practices to continue to participate in the PCAS survey forms part of component 1 of the access DES. No payment however is dependent on the results of this survey; practices only have to participate. The government has decided to make a number of changes to the survey. The previous system where the PCT rang the practice to ask about appointment availability was universally rubbished and so now they are going to use "mystery shoppers". Although, ostensibly, the idea of "mystery shoppers" was dropped in the Department of Health press release, it appears instructions have gone out to PCTs to conduct the survey along these lines.

Access to GP practices is clearly important to patients and GPs too wish to offer flexibility, as well as speedy access, to patients. Doctors will always see patients with an urgent medical problem straight away. However there are problems with the 48 hour access target because it does not allow doctors to prioritise their patients on the basis of need, particularly at busy times. If you have to make more appointments available on the day or following day that means there are less appointments available for forward booking, particularly in under-doctored areas. This is obvious to all practices, but it seems to be too hard for the Department of Health to understand.

PNEUMOCOCCAL VACCINATIONS IN CHILDHOOD IMMUNISATIONS

Following the announcement of the introduction of pneumococcal vaccinations for children, the GPC have been discussing the implementation of this with NHS Employers. ViewPoint understands that the GPC has reached a satisfactory negotiated agreement on this and details should be announced in the next few days. If this is the case it is hoped that this will be able to commence in the late summer. Further information will be provided as soon as we have confirmation.

MMR VACCINATIONS FOR EMPLOYEES

There have been a few queries into the office about offering MMR vaccinations to their staff. Health care workers have an increased risk of exposure to the virus by the nature of their work and therefore we believe that the responsibility for checking immunisation status and arranging protection when

required rests with the employer. We believe therefore that it would be good practise to vaccinate employees potentially at risk as part of a practice's duty of employment. The GPC is drafting some further guidance on this issue which should clarify all scenarios.

MEDICAL REPORTS PROVIDED TO THE PRISON SERVICE

The LMC often receives queries about whether GPs are still able to charge for medical reports provided to the prison service. Now that prisons have been transferred over to PCTs, the Prison Health Service believe that prisoners should be treated as patients and therefore a charge should not be applicable on request for a report on a prisoner.

On Prison Service Order number 3050, paragraph 2.4 Charging for Information states:

NHS bodies should not normally charge each other and information necessary for the purposes of continuing patient care should not be delayed. Although there has been some uncertainty about whether a fee can legally be charged, as the responsibility for prison health in the public sector comes directly under the umbrella of the NHS, the British Medical Association (BMA) advises that demanding a fee is inadvisable. Further information can be obtained from the BMA's handbook of ethics and law. NHS bodies are expected to extend this to include private sector prisons in order to ensure continuity of care for patients.

This is in concordance with the advice of the BMA's Professional Fees Committee and the Civil and Public Services Committee. In practice GPs should provide reports for the prison service free of charge but ensure that these reports contain only information related to the direct clinical care of the patient and to ensure continuity of care, for example a brief note asking for medication details, drug abuse history or note of any outstanding hospital appointments that you know of.

PHARMFAX EXPRESS LAUNCHES WITH NICE HYPERTENSION GUIDELINES

PharmFax express is a new publication in the *PharmFax* family. It will provide concise, timely Information on topical issues and will focus on one topic only.

Even better news for busy GPs who need to keep up to date is that it will usually be just one side of A4.

The first issue, which can be found on the LMC website, features the new NICE hypertension guidance.

WEST YORKSHIRE IT NEWS

The June 2006 issue of *West Yorkshire IT News* - the monthly e-bulletin from the West Yorkshire NPfIT office – is now available on the NPfIT website.

To access the newsletter, please visit the West Yorkshire documents page of the NPfIT website at www.wynpfit.nhs.uk/Documents/WY.htm and click on the June 2006 issue.

COMINGS AND GOINGS

Dr Paul Taylor is retiring from the Croft and Tinsill practice on 30/6 - after 32 years. **Dr Joanna Walker** is their new partner. **Dr Malvin Smith** and **Dr Armin Koester** joined the practice 3rd July as salaried GPs.

Dr Ken Shenderey is retiring as Senior Partner on 1st July, (although we're told that he will still be around for a while as a GP locum) while **Dr Simon Hamer** joins the practice on 3rd July 2006. The new Senior Partner is **Dr Susan Laybourn**.

The Garden Surgery in Leeds 9 sees the arrival of **Dr Rob Flint**.

Dr Colin Alexander retires from the Menston and Guiseley practice on 8th July when **Dr Robert Kenneth**, formerly at the Garden Surgery, joins the M&G practice.

Dr Caroline Bell will be joining Dr Allman and Partners on the 1st August as a salaried GP.

Dr Elizabeth Powell will be going on maternity leave on 4th September 2006. We understand that she will not be returning to work in this country, since she is relocating to New Zealand, early in 2007.

LMC ViewPoint also hears that **Dr Thakur** is planning to retire in September from the Silver Lane Surgery, after 34 years with this practice.

Dr Pritlove and Partners said goodbye to **Dr Nigel Moody** who left at the end of March, to move to Barnstaple. **Dr Eric Mak**, meanwhile, joins the practice as a partner in July.

LMC ViewPoint has just learned that **Dr Heather Weightman**, previously of the Street Lane Practice, joined Dr Fellerman and Partners as a salaried GP in February this year.

Dr Samantha Browning is leaving Dr Porter and Partners after 8 years to take up a post as a hospice doctor at Martin House.

Dr Stephen Edwards has left Dr Knight and Partners in Wetherby where **Dr Nick Ibbotson** and **Dr Sarah Martys** joined the team on 1st April.

Dr Tolley and Partners have informed us that **Dr Sarah Milligan** joined the practice on 1 June.

Dr Pip Crinnion joins Dr Iwantshak on 1st August, 2006.

Dr Pam Selby has left Dr Allen and Partners in Otley to take up an appointment at Manorlands Hospice in Oxenhope. Dr Selby will still be leading the PCT palliative care pathways team and working for Leeds PCT's with Marie Curie in the Delivering Choice programme, and with MLB. Palliative care service can be found at Leeds North West PCT or on Dr Selby's email address pam.selby@nhs.net.

LMC ViewPoint extends a warm welcome to those doctors taking up their first appointment and bids a fond farewell and happy retirement to those hanging up their stethoscopes. To all, we send every best wish for success and happiness.

DR SRINIVASAN

LMC ViewPoint is sad to record the death of Dr Srinivasan on 29 March 2006. Dr Srinivasan was a Consultant Physician for the Elderly at St James's Hospital. We convey our condolences to his wife and family.

DR NICHOLAS

LMC ViewPoint is sad to record the sudden death of Dr R Nicholas on 29 April 2006. Dr Nicholas was a GP in Hyde Park until his retirement. We convey our condolences to his wife and family.

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