

LMC ViewPoint

The Newsletter of Leeds Local Medical Committee

July 2009

PANDEMIC FLU UPDATE AND TODAY'S PARLIMENTARY STATEMENT:

- 7447 lab confirmed cases of swine flu cases in the UK
- 3 people have died, though they all had underlying health problems
- The number of cases of swine flu has increased considerably in the last week, with particular increases in London, the West Midlands and Scotland. Cases are increasing by several hundred each day.
- Andy Burnham paid tribute to NHS and HPA staff, GPs and primary care staff.
- As it is impossible to contain swine flu indefinitely, the Government is now moving to a treatment and outbreak management phase, which allows greater flexibility in dealing with the virus.
- Many more cases are expected and the number may double each week. Andy Burnham referred to projections that there could be 100,000 swine flu cases by the end of August.
- **The Government is moving to the treatment phase with immediate effect. This means that GPs in primary care, rather than the HPA will now lead diagnosis and distribution of flu cases and anti-virals. GPs will make the clinical diagnosis rather than awaiting lab results.**
- PCTs will set up anti viral collection points.
- Schools will not be closed because of individual cases but can be closed if a significant number fall ill.
- Regarding the distribution of anti virals, the Government is taking a step by step approach. Anti virals will be offered to all individuals who have contracted the virus though doctors will be able to exercise clinical discretion in individual cases. Higher risk groups eg older people, pregnant women and under fives will get higher priority and doctors will be issued with guidance shortly to this effect.
- Andy Burnham noted the pressure that GP surgeries and hospitals are under because of the flu pandemic. To ease this pressure, people with suspected flu systems will be asked to first go to either the NHS UK website or the swine flu hotline for information. The next step is to telephone the GP surgery for a phone diagnosis. If swine flu is suspected a 'friend' will be given an anti-viral authorisation voucher which must be taken to an anti-viral collection point e.g. a pharmacy to get anti virals.
- Andy Burnham announced that the Government had recently signed a contract to buy enough vaccines for the entire population. The vaccine would start arriving in August and there would be 60mn vaccinations by the end of the year.

• Pandemic flu web pages for GPs

The GPC has published a pandemic flu webpage specifically aimed at GPs, which includes links to the joint GPC/DH/RCGP pandemic flu guidance and a regularly updated Question & Answers document. http://www.bma.org.uk/health_promotion_ethics/influenza/panflugp/index.jsp

We suggest GPs check these pages regularly for updates, as well as the websites to the following organisations, in order to remain up to date with the latest advice and recommendations:

- Department of Health: <http://www.dh.gov.uk/en/Publichealth/Flu/PandemicFlu/index.htm>
- Royal College of General Practitioners:
http://www.rcgp.org.uk/clinical_and_research/pandemic_planning.asp
- Health Protection Agency:
<http://www.hpa.org.uk/webw/HPAweb&Page&HPAwebAutoListName/Page/1240812234677?p=1240812234677>
- Swine Flu Clinical Package
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_100941

▪ **Dedicated Leeds Flu Website**

NHS Leeds have set up a dedicated flu website at www.swinefluinfo.leeds.nhs.uk which will play host to the latest local news and updates from health.

A password-protected professionals section has been developed so that they can share resources, information and updates. The LMC have circulated the password as a separate email to all GPs registered on our distribution list, however, please contact the communications team at NHS Leeds or the LMC office if you require the password.

PATIENT SURVEY RESULTS

Despite results which show patients are very happy with access to their GP, this year's patient survey will result in millions of pounds being lost to general practice, potentially damaging attempts to improve GP access.

This year's patient access survey results recently published found nine in ten (91%) of patients were satisfied with the care they received at their surgery, nearly 17 out of 20 (84%) could get an appointment within 48 hours, and three quarters (76%) were able to book an advanced appointment. It is not possible to compare this year's results with previous years' because the wording of the questions has changed.

Headline results of the survey are:

- 70% of patients reported that they were either very satisfied or fairly satisfied with their ability to get through to their doctor's surgery on the phone.
- 84% of patients who tried to get a quick appointment with a GP said they were able to do so within 48 hours.
- 76% of patients who wanted to book ahead for an appointment with a GP reported that they were able to do so.
- 77% of patients who wanted to book an appointment with a particular doctor at their GP surgery said they were able to do so all of the time or a lot of the time.
- 82% of patients responded that they were either very satisfied or fairly satisfied with the hours their GP surgery was open.
- 91% of patients reported that they were either very satisfied or fairly satisfied with the overall care they receive at their surgery.
- 74% of people with a long-term condition said they have had a care planning discussion, 60% of people with a long-term condition say that they have agreed a care plan and 61% that their care has improved as a result of the care planning process.
- 67% of patients say they would know how to contact an out-of-hours GP service if they needed to, when their surgery was closed
- 66% of patients rate the care they received from the out-of-hours service as good and 13% as poor.

National Patient Survey for Leeds shows surgeries performing well

91% of patients satisfied with the care they receive

Over 25,000 randomly-selected Leeds patients took part in the survey, of these:

- 83% people reported they were able to book an appointment at their GP practice within 48 hours
- 74% of people were able to book appointments at their practice two or more days ahead
- 91% fed back that they are satisfied with the care they receive
- 98% reported that their surgery was clean.

The full results from the survey can be found on the following website:

www.gp-patient.co.uk/surveyresults/

However, the results for individual practices show that a significant proportion have lost funding unfairly. The BMA has repeatedly warned that the Patient Experience Survey is fundamentally flawed. Dr Laurence Buckman, Chairman of the BMA's GPs Committee, said:

"We are pleased that the vast majority of patients are satisfied with the service they receive, however the headline figures hide a gross unfairness – thousands of surgeries losing funding based on the answers of a tiny proportion of their practice's population. In some cases the answers of fewer than a couple of dozen patients will have led to a practice losing thousands of pounds in resources. Ironically this will make it harder for these surgeries to then improve their access, which is not going to benefit patients."

"We want patient feedback, and surveys can be a good way of getting this. Sadly this year the government scrapped the more meaningful practice-based survey, they didn't listen to our concerns and instead brought in this survey which is a mess. It is this survey which should be scrapped as it's not fit for purpose. The questions can be misinterpreted, the survey is very long and too complicated. In affected practices, patients could end up falsely believing that the overall quality of the practice has dropped because it has lost QOF points and that might not be the case at all.

"It's a waste of £8 million which could be better invested elsewhere, for example by increasing the number of Patient Participation Groups as they encourage local practice-based patient involvement meaning patients would be able to have genuine involvement in determining how their GP services are run."

PRACTICE AGREEMENTS

A practice currently going through an industrial tribunal that has been reported in the local media has asked us to highlight the importance of partnership agreements. The LMC, along with the BMA have repeatedly warned practices to have a partnership agreement in place but even when such an agreement is signed it is important to consider whether the terms of the agreement are in line with current employment practice. If not, there is a risk that a leaving partner could take the partnership to an industrial tribunal if they can make a case that the working conditions were not acceptable. As always, ensure any agreement is checked by a solicitor, or use the BMA's partnership writing service support@bma.org.uk

For BMA members, the BMA Employer Advisory Service is there to provide you with free comprehensive impartial and authoritative advice on a huge range of employer-related matters. The team comprises of specially trained and experienced advisors and can deal with queries on issues such as recruiting and employing staff, contracts and terms and conditions of service, appraisals and performance management, disciplinary procedures and dismissals. They are well versed in current employment legislation, discrimination, the development of appropriate HR policies and how to implement best practice. Tel 0300 123 1233 (8.30am – 6pm Monday to Friday). To access the service at least one partner needs to be a BMA member although we would recommend all doctors are members of the BMA.

CONFIRMATION AND CERTIFICATION OF DEATH GUIDANCE

Updated guidance on the above is now available via the BMA website. It aims to clarify the distinction between confirming and certifying death in relation to GPs' obligations. It covers legal obligations, cremation forms, and expected and unexpected deaths. This can be accessed via the following link:

http://www.bma.org.uk/ethics/end_life_issues/GeneralguidanceConfirmationandcertificationofdeathApril1999.jsp

REVALIDATION UPDATE

The RCGP are planning to revise their proposals for measuring educational credits following feedback after piloting the current model and receiving feedback from meetings with GPs such as the one held recently in Leeds. It is now planned to use hours as a baseline but to provide the opportunity to reflect the impact of the educational activity by multiplying the hours by a factor of 2 or even 3 if the educational activity has made a significant impact on clinical practice. How this will work and be measured remains to be worked out and we await further guidance from the College. In the meantime we advise all GPs to keep a good record of their current educational activity, including their reading, as part of their annual appraisal information.

PHARMACEUTICAL UPDATE

All GPs will have had the experience of their local pharmacy saying that various prescribed items were not available because of “manufacturing problems”. We raised this issue with Leeds Local Pharmaceutical Committee and they have helpfully explained the current situation, which is clearly a national situation. We have raised this with GPC in the hope that they can work with the national Pharmaceutical Services Negotiating Committee, PSNC, to try and find a resolution to this problem.

- **Stock Shortages**

A problem for pharmacies in Leeds and across the country is coping with stock shortages. Manufacturers have been imposing quota schemes which either restrict the number of items delivered to a particular distributor’s depot or restrict the number of items delivered to an individual pharmacy. Pharmaceutical manufacturers have started the schemes to ensure that patient access to the medicines is maintained while controlling the export of the manufacturers’ medicines from the UK. The current weakness of the pound against the euro has led to prices being lower than those in many other countries, and this encourages the export of medicines from the UK to continental Europe. Several companies now operate a direct to pharmacy supply route for their products. This limits numbers of deliveries to pharmacies and has increased administration for them.

The combination of manufacturer quotas and development of an export market has led to the current situation of shortages. Pharmacy contractors are dealing with the extra workload required to source medicines on quota. The LPC negotiating body PSNC is in constant discussion with manufacturers and wholesalers to improve the situation to avert the risk of damage to patient care from pharmacies being unable to supply medicines. We trust GPs will be understanding with requests from pharmacists for a change in preparation or any assistance to ensure patients’ needs are met.

- **Prescribed Quantities**

The LPC Electronic Prescription Lead has identified a problem with prescribed quantities of medication in Release 1 bar coded scripts. Where a prescriber asks for 2x28 tablets/capsules, this is being interpreted at the pharmacy end as supply 2 tablets/capsules and therefore is requiring amendment. We understand this is a Release 1 problem which will be solved by Release 2 which uses DM+D, where the quantities are shown as 56 for example. We have been concerned that when there is a move to Release 2 all repeat prescriptions will need to be changed. We understand that trainers for the GP systems are now addressing this situation but the LPC wanted the LMC to be aware that a gradual change now of repeat scripts will prevent unnecessary increased workload when the migration to Release 2 occurs and a complete change of working processes is underway.

PAYING GPs FOR DATA AND BLOOD COLLECTION IN RESEARCH PROJECTS

The NHS National Institute for Health Research (NIHR) has confirmed that funding for data and blood collection would normally be available and can be accessed on application to the research funder. It is included in guidance to applicants when considering their funding and it is certainly unreasonable to assume that the work can be done in primary care at no cost. The other potential source of funding support for this is through the Local Comprehensive Research Network (LCRN), which has funds which can be made available for studies which are part of the NIHR portfolio.

REMINDER - GP TRAINEES SUBCOMMITTEE REGIONAL ELECTIONS 2009

The GP Trainees subcommittee will be holding elections in all of its 19 regional seats this summer.

Eligibility / How to nominate

All doctors who are / will be on a GP Training programme at any point during the period 2 July 2009 to 30 June 2010 are eligible to stand in this election, regardless of whether or not they are a BMA member. For the avoidance of doubt, GP Trainees in hospital placements or GP practice placements are able to stand for election, as are Foundation Year doctors who will begin a GP Training programme during the above period.

Full details of the election, including nomination forms, and introduction to the work of the subcommittee and a full list of regional constituencies, can be found on the BMA website:

<http://www.bma.org.uk/gptraineeselections>

Completed nomination forms must be received in the GPC office by **5pm on Friday 3 July 2009**.

Register to vote

In regions where there is a contested election, the GPC can only send ballot papers to those trainees for whom the BMA has up to date contact details. However many GP trainees have not recently updated their contact details on the BMA website.

It is important that each GP Trainee check and update their details so that, if there is a contested election in their region, the GPC can make sure they receive a ballot paper.

For more information on how to update their contact details, GP Trainees should visit the BMA website: <http://www.bma.org.uk/gptraineeselections>

A SELECTION OF KEY THEMES WE ARE WORKING ON AT THE LMCplease contact the LMC Office for current status.....

- Learning disability registered list – Martin Foster from the Information & Knowledge Management Team at Leeds City Council and Norman Campbell (NHS Leeds) are in the process of drawing up an information sharing agreement between the 2 organisations. The PCT have just received it in draft form and hope to have it finalised in the next couple of weeks. Without the validated list from the LA, the PCT have stated that they will honour payments based on practice Learning Disabilities registers, and that the validation exercise will need to be done once the data from the LA arrives.
 - OOHs update – We are continuing to monitor the situation closely and are holding regular discussions with the PCT. The link below is from the YEP 30/06/09 regarding an eight hour wait for an emergency doctor to attend
<http://www.yorkshireeveningpost.co.uk/news/Leeds-man39s-eighthour-wait-for.5413467.jp>
Please can practices continue to highlight to the LMC office any on going concerns you have about the service.
 - Producing information on practice achievements for the NHS Leeds Board.– It is the time of year when the primary care team at the PCT produce an annual rating of practices for board members. Over the past few months we have been working closely with the team to ensure that the data is presented in a meaningful and useful manner
 - Patient transport bookings – we are, yet again, continuing discussions to change the process and allow patients to book their own hospital transport for first appointments
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LEEDS LMC OFFICER and STAFF UPDATE

- Dr Raj Sathiyaseelan has been appointed as Medical Secretary. We are pleased to welcome Raj as an Officer of the committee and look forward to working with him.
- Dr Pran Bhattacharyya has stepped down from his role as Medical Secretary but he will continue his work as a member of the committee. On behalf of the committee, we thank Pran for his hard work and commitment over many years as an Officer including LMC Chair and LMC Treasurer and we look forward to continue to work with him as a committee member.
- Joint Executive Officer, Kate Gagen will be joining the LMC during August 2009. Kate will be working along side Kathryn (who are both to work 3 days a week). We look forward to welcoming Kate at the LMC.

The LMC Team for 2009/10

- Dr Amanda Robinson – Chair
 - Dr Raj Menon – Vice Chair
- Dr Raj Sathiyaseelan – Medical Secretary
- Dr Richard Vautrey – Assistant Medical Secretary
 - Dr Jonathan Adams – Treasurer
- Kathryn Tate and Kate Gagen – Joint Executive Officers

COMINGS AND GOING

A warm welcome to.....

Dr Sarah Nathan who joined Drs Holmes, Eastwood & Walling, Ashfield & The Grange Medical Centres, Crossgates and Seacroft in April 2009 as a new full time partner

Good bye and best wishes to...

Dr Adrian Clarkson who retired from The Primary Care Centre for the Homeless in April – enjoy your retirement and best wishes

Amendment:

Dr Fran Young from the Menston and Guiseley Practice is only away from July to October on Maternity leave and will be back at start of November.

Sources of Help For Doctors

(sometimes also their dependents and staff)

- **BMA website** http://www.bma.org.uk/doctors_health/index.jsp
BMA Doctors for Doctors Advisory Service and BMA Counselling Service: 24h support with immediate access to trained counsellors (for BMA members and their families) 08459 200 169
- **BMA Charities**
Financial Assistance to doctors and their dependents, whether BMA members or not, to students studying medicine as a second degree and to refugee doctors.
020 7383 6142 020 7383 6334 http://www.bma.org.uk/about_bma/charities/bmacharities.jsp
- **British Doctors and Dentists Group**
Provides venues for doctors and dentists recovering from substance abuse to meet for mutual and entirely confidential support and encouragement
0870 444 5163 020 7487 4445 0845 920 0169 <http://www.bddg.org/page.php?id=1>
- **Doctors' Support Network (DSN)**
Self-help group for doctors with mental illness
PO Box 360, Stevenage, SG1 9AS. Tel: 0870 321 0642 www.dsn.org.uk

DSN has a Doctors' Support Line staffed by trained volunteer doctors. This provides a confidential and anonymous service for doctors for both professional and personal concerns. 0870 765 0001

- **Sick Doctors Trust**

Early intervention and treatment for doctors addicted to alcohol or other drugs.
Help with recovery and rehabilitation for affected colleagues and their families
0870444 5163 <http://www.sick-doctors-trust.co.uk/>

- **Royal Medical Benevolent Fund**

Financial and other assistance to doctors and their dependents
020 8540 9194 www.rmbf.org

- **Royal Medical Foundation**

Financial and other assistance to doctors and their dependents
01372 821011 Email: caseworker@royalmedicalfoundation.org www.royalmedicalfoundation.org

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