

SWINE FLU - INFLUENZA A (H1N1)

Whilst it is appreciated that colleagues have been bombarded with information and checklists regarding Pandemic Flu planning and the management of patients with symptoms suggestive of Influenza A (H1N1), it is now evident from the latest announcement from the Secretary of State for Health that the number of patients likely to be affected with Swine Flu will increase significantly over the next few months. Accordingly, it has now been announced that the health economy is moving from a containment to a treatment phase. The advice to patients, which is available on the national flu information line, (0800 1513151) reminds patients that if they have symptoms they should stay at home. A copy of the Secretary of State's statement to Parliament is attached for your information.

Colleagues are reminded that the latest advice and treatment algorithm is available on the HPA website. Attached is the latest "Summary of Prescribing Guidance for the treatment and prophylaxis of influenza-like illness: Treatment Phase" as well as the CMO's letter on the current situation.

The LMC continues to work with the PCT on Pandemic Influenza planning issues and is extremely grateful to practices for providing information regarding their "buddying-up" arrangements

Colleagues are reminded that the local Health Protection Agency Flu response line for Professionals is: 0845 4251727.

SEASONAL FLU CAMPAIGN

Whilst there is much effort being expended on Pandemic Flu planning, colleagues are reminded that it will be important to ensure that practices run a well organised seasonal flu vaccination campaign. At present, it is difficult to gauge what interest there will be either from the media or public, especially as this campaign will take place prior to the availability of a vaccine for Swine Flu - Influenza A (H1N1). Nevertheless, colleagues should gear themselves up to being able to meet the demand from patients recommended to have the vaccination. The target for patients aged over 65 years will be 75% (Liverpool reached 73.4% in 2008/09). Attached to this newsletter is the CMO's letter regarding Seasonal Flu.

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Electronic Attachments Referenced In Articles

- * [Secretary Of State Announcement](#)
- * [Prescribing Guidance - Swine Flu](#)
- * [CMO Letter - Swine Flu](#)
- * [CMO Letter - Seasonal Flu](#)
- * [Mental Capacity Act - Advocacy](#)
- * [GP Trainee Newsletter](#)
- * [MPS Booklet - Complaints](#)
- * [Developing General Practice](#)
- * [Primary Care Research Network](#)

Not Referenced In Articles

- * [Freedom Of Information](#)
- * [Updated GPC Guidance Document on Confirmation of death.](#)

HPV VACCINATION PROGRAMME

The LMC is grateful to colleagues who have strived to vaccinate female patients born between 1 September 1990 and 31 August 1991. The uptake rate (as at May 2009) for Liverpool practices, for this age group, was 41% for the first dose and 33% for the second. Whilst not ideal, this rate appears to be comparable with other areas in the North West Region.

Practices will have now received information regarding the mopping-up exercise for girls in school year 8. It is hoped that colleagues will ensure that these girls will receive their remaining doses within the next couple of months.

The accelerated catch-up program for girls born between 1 September 1991 and 31 August 1993 (ie the equivalent of next school year 12 and 13) can be commenced now. The LMC has been in discussion with Liverpool PCT regarding the LES for this age group, although it has not been finalised. It will be along similar lines to last year's LES, except that it is anticipated that there will be an up-front payment to cover the administrative cost of inviting patients to the practice. This will be offset by a slightly lower payment for providing the third vaccination.

The PCT has now agreed that practices may receive the vaccine in batches of 10 hence further reducing the administrative burden on practices, although the PCT will need to be advised of the patients who have been vaccinated.

Colleagues are urged to consider starting this vaccination programme as soon as practical.

SAFEGUARDING CHILDREN

Liverpool PCT will shortly be undertaking a survey of practices on how they manage information on safeguarding children and vulnerable adults. The PCT is required to ensure that there are adequate processes in place to try to prevent some of the extremely unfortunate and distressing cases that have recently been graphically detailed in the media.

The LMC has taken medico-legal advice on this matter. In particular, it is reasonable for a GP to record parental/carer history of mental illness or addiction, where this may impact on a patient's care. As this would be classed as third party data under the Data Protection Act, it should not normally be disclosed to the child or vulnerable adult without the consent of their patient /carer. Any decision to record the information should be based on an individual patient's circumstances.

It must be remembered that a past history of parental mental illness may be relevant to a child's medical care, and parental objection to its inclusion in the child's notes is not sufficient grounds to remove it, if it is felt necessary in order to safeguard or protect the child.

Colleagues are respectfully reminded that they should ensure that front line practice staff have the necessary training in safeguarding matters according to their role within the practice.

Colleagues having any queries regarding this matter should contact the LMC.

RE-VALIDATION AND LICENSING

Despite the RCGP publishing a working document on re-validation in April 2009, the implementation of re-validation has been delayed. Whilst the RCGP may be further ahead than some of the other colleges, the Department of Health and the General Medical Council have both indicated that re-validation will not commence until all doctors have a process in place for re-validation. As a consequence, the earliest date for implementation will be 2011. The LMC is working with the Medical Director of Liverpool PCT, with a view to ensuring that GP appraisal evolves into something that would support the re-validation process.

In the interim, the GMC has now indicated that with effect from 16 November 2009, all doctors wishing to retain the privileges of practising medicine, including prescribing and completing death certificates, will be required to have a licence to practise.

The GMC is currently writing to all doctors regarding the matter. Colleagues are urged to respond to the GMC as appropriate.

CHOOSE AND BOOK

Changes to Choose and Book became effective on 29 June 2009. These changes include:

- * Keywords will disappear.
- * As well as being able to search on *Specialty* and *Clinic*, there will be additional search options of "problem", "clinical term" and "procedure".
- * Choose and Book will search for services which are age and gender specific for patients (so a referral for a child will display services at Alder Hey, rather than adult services).
- * A *Referrer Alert* will appear to the service name and by hovering the mouse pointer over it, the referrer alert will be visible.
- * Choose and Book will remember how many items are sorted by an individual, eg, alphabetically, and work-lists can now be customised.
- * NHS numbers will be added to patient print-outs.

Routine Referrals

When making a referral using Choose and Book there is an expectation that the referral letter will either be sent at the time of the referral or within two working days. The LMC has been asked to remind colleagues of this matter.

It is hoped that these improvements will encourage more colleagues to use Choose and Book.

Two week rule referrals

It has been brought to the attention of the LMC that a small number of patients, having been referred for an opinion under the two week rule, have not been available for their appointment when contacted by the Hospital Trust as they have been away on holiday. Colleagues are urged to ensure that if they undertake a two week rule referral that the patient will actually be available to attend for an appointment.

EMIS WEB: ACCESS TO MEDICAL RECORDS

Liverpool LMC has been working closely with Liverpool PCT on the introduction of EMIS web, and the facility afforded to some Secondary Care and Community Care colleagues, to remotely view certain aspects of patients' computerised medical records.

For the majority of clinicians there is only access to the "problem list", "medication screen" and information on allergies. As part of a trial, six community matrons have had access to the whole medical record.

In all cases, access had only been available if the practice has entered into an agreement, and the patient has given consent at the time the record is to be viewed. Access is being monitored by the IT Team at the PCT.

Colleagues requiring further advice on either of these issues should contact the LMC office.

"We Share Because We Care"

Liverpool LMC has been working with the PCT on the publication of an information leaflet for patients, explaining this development.

At present, practices have the ability to opt out of sharing information. Medico-legal advice on this opt out confirms that practices are able to exercise this right, however, the advice also states that practice that do opt out should inform patients that they do not share information. In this way, patients can make an informed choice as to whether they wish to be registered with a practice that does share information.

MENTAL CAPACITY ACT

With the introduction of the Mental Capacity Act, and changes to the Mental Health Act, Liverpool Local Authority, in conjunction with Liverpool PCT, has been reviewing the provision of Advocates to assist patients. As there will be a number of agencies involved with providing support to patients, and as there will be situations in which advocates contact practices, colleagues may find the attached information sheet helpful.

MUMPS

In recent months, there has been a rise in the number of students presenting with Mumps. Colleagues are reminded that there is a LES to cover provision of MMR vaccination to first year students under the age of 25 years, and that where appropriate, this vaccination is offered to students.

CANCER SCREENING TOOLKIT - READ CODE ERROR

Please note that the correct Read Codes to be used are:

Faecal occult negative (serial faecal occult blood normal) **4795**

Faecal occult positive (serial faecal occult blood abnormal) **4795**

COLLABORATIVE ARRANGEMENTS

Whilst the DDRB has not continued publishing collaborative arrangement fees, Liverpool PCT has decided to up-rate the fees that it will automatically pay, by 1.74% for the period 2009/10. Despite this, colleagues do remain free to negotiate their own rates.

INFANT NUTRITION

Liverpool PCT, in conjunction with Liverpool Local Authority, is in the process of developing a joint breast feeding policy with a view to encouraging breast feeding. Part of the process will be to encourage adequate provision of facilities in which mothers can feed their babies.

Liverpool PCT and the Local Authority will be ensuring that mothers can breast feed on their respective premises. Practices will also be encouraged to support breast feeding on their premises.

In respect of breast feeding, it is expected that an e-learning education package will be available to GPs shortly.

FAMILY NURSE PARTNERSHIP

Colleagues may be interested in a new initiative which has been aimed at helping young, first-time mothers, under the age of 19 years. The programme, which will be delivered by specially trained midwives and nurses, is aimed to improve ante-natal health, improve child health and development, and improve economic self-sufficiency.

VITAMIN D

Studies undertaken in Liverpool and other areas within the North West, have demonstrated that many people, especially within the black and ethnic minority population, are vitamin D deficient. The North West Public Health Group is currently working with LBV television to run road-shows, highlighting the importance of taking vitamin D supplements. In Liverpool, these will be taking place week commencing 28 September 2009. People will be sign posted to midwives, health visitors and GPs. It is expected that more information regarding this initiative will be available nearer the time.

FRACTURE CLINIC AT ROYAL LIVERPOOL UNIVERSITY HOSPITAL

The LMC has received correspondence from colleagues regarding the inability of patients to locate the "fracture clinic" at the Royal Liverpool University Hospital. The LMC has been advised that the hospital is currently improving its signage, which includes adding the word "fracture clinic" to the relevant sign. In the mean time, colleagues may be interested in knowing that "R Clinic" is the fracture clinic.

BMA EMPLOYER ADVISORY SERVICE

BMA members may be interested in knowing that the BMA has recently established a new service specifically to handle issues that may affect GPs as employers. At the same time, it has also ensured that it is well placed to assist GP employees. These services are only available to BMA members.

INCLUSION MATTERS, LIVERPOOL

The LMC continues to receive monthly figures on waiting times for Inclusion Matters, Liverpool. The LMC is extremely disappointed that neither the numbers waiting to be seen, nor waiting times, have improved in recent months, despite the measures put in place by both the PCT and IML. The LMC continues to monitor the situation and would still appreciate receiving the concerns of colleagues, which greatly help in discussions with Liverpool PCT.

GPC GP TRAINEE SUBCOMMITTEE

Attached to this newsletter is a copy of the GPC GP trainees subcommittee bulletin, which details information about regional elections to the GP Trainees subcommittee. If your practice has a GP trainee, please pass this to your trainee.

DEMENTIA STRATEGY

Liverpool PCT has recently produced a progress report on the implementation of its Dementia Strategy. For 2009/10 the PCT is aiming to develop a training strategy for the whole workforce together with an integrated dementia care pathway which includes memory screening services and family/carer support services. It is anticipated that there will be an expansion of hospital mental health liaison services and of specialist mental health domiciliary care services. The PCT hopes to see an increase in the number of people diagnosed with dementia.

NEW COMPLAINTS PROCEDURE

Colleagues will recall that a new complaints procedure became effective on 1 April 2009. Should patients, or their representatives decide to complain to the PCT, the PCT now has a responsibility to ensure that the complaint is adequately investigated. This could be undertaken directly by the PCT or it could be referred back to the practice for that investigation. Colleagues may be interested in a document which has recently been produced by the Medical Protection Society regarding the handling of complaints, a copy of which is attached.

Colleagues are respectfully reminded that any letter responding to a complaint, should be checked by either the LMC or a medical defence organisation.

DEVELOPING GENERAL PRACTICE - LISTENING TO PATIENTS

The General Practitioners Committee of the BMA has recently published a useful document on developing and improving general practice. It is hoped that colleagues will find this useful. A copy of the booklet is attached.

LOOK AFTER OUR NHS

The BMA has recently embarked on a publicity campaign regarding safeguarding the NHS. The key messages of the campaign are to remind doctors of a set of principles that argue for an NHS which is publicly funded, publicly provided and publicly accountable. More information regarding this campaign is available at www.lookafterournhs.org.uk

PRIMARY CARE RESEARCH NETWORK - RESEARCH PARTICIPATION SCHEME

The Primary Care Research Network has secured funds to roll out a three-tier research participation scheme to assist practices throughout Merseyside and Cheshire to participate in National Portfolio Research Projects. A copy of a letter that was recently sent to Liverpool practices, together with an application form, are attached. Any colleagues who may be interested in participating the scheme, can obtain further information from Loraine Woods, who is the Clinical Trials Officer on 0151 495 5488 or e-mail loraine.woods@hsthpc.nhs.uk