

### SWINE FLU : Influenza A(H1N1)

Although the health care system is experiencing a lull in the number of cases of Swine Flu, data from elsewhere in the world suggests that the UK will have a second wave of Swine Flu at some point during the forthcoming Autumn/Winter season.

Practices should be co-operating with Liverpool PCT and its introduction of IQ Planner. The LMC understands that complying with this request can be time consuming, however, at present, colleagues are asked to assist the PCT in its endeavours.

Over 90% of practices have provided their *buddying* arrangements to the LMC. The remaining practices will be contacted individually for their arrangements. Colleagues are reminded that they are required to have buddying arrangements if they wish to ensure practice income is not adversely affected during the Pandemic.

At the time of writing, it is still unclear as to the arrangements for any Swine Flu vaccination campaign. During August 2009, the CMO advised on priority groups and did suggest that the campaign would take place via General Practice. Details of any agreement will be circulated when available.

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#### Electronic Attachments

- \* [GPC Guidance - Death In Service](#)
- \* [BMA Patient Leaflet - Swine Flu](#)
  
- \* [GPC Guidance - NHS Complaints](#)
- \* [GPC Guidance - Child Death Review](#)
- \* [Focus On - Improving GP Services](#)
- \* [BMA Newsletter - Revalidation](#)
- \* [New Community Consultant](#)  
Geriatrician

#### LOCUM GPs

Following negotiations, GPC has secured *death in service* benefits for Locum GPs should they die whilst employed during a Pandemic. To maintain this benefit the Locum needs to be engaged for a period of time on a *fee-based continuous contractual basis*. For this to be achieved, it is suggested that they are in contract with the PCT rather than have short term contracts with individual practices. The LMC is seeking assurances from Liverpool PCT that it will comply with the national agreement. A copy of the GPC guidance document is attached to this newsletter.

#### VOUCHERS/FP10 FOR TAMIFLU

Colleagues are respectfully reminded that they must use Tamiflu vouchers when prescribing for children under 13 years of age. For patients over 13 years, it is acceptable to issue a voucher or prescribe using the blank right hand side of the computerised FP10.

#### SWINE FLU INFORMATION LEAFLET

A patient information leaflet, produced by the BMA, a copy of which is circulated with this newsletter.

## **LIGHTHOUSE PROJECT - SHARED CARE FOR DRUG MISUSERS**

The LMC has been advised of the problems that have resulted from the collapse of the Lighthouse Project organisation. This will have an adverse knock-on effect upon shared care for drug misusers, as well as the care afforded to chaotic users.

The LMC has been in communication with the Local Pharmaceutical Committee and the PCT regarding the current situation. Whilst it is clear that colleagues will wish to support patients, it is important that colleagues take no action which could be medico-legally indefensible. This includes prescribing outside their recognised competence.

Colleagues having any concerns should contact the LMC.

## **INCLUSION MATTERS, LIVERPOOL**

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

## **LICENCE TO PRACTISE**

Colleagues are respectfully reminded that the GMC has 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 has written to all doctors regarding this matter and colleagues should have received written confirmation that they will receive a licence to practise. Colleagues in any doubt about their status should contact the GMC.

## **CHLAMYDIA**

Colleagues will be aware that there is a Local Enhanced Service available to encourage practices to invite patients aged between 15 and 24 years of age to participate in Chlamydia screening. The uptake of Chlamydia screening across Liverpool has been disappointing and the PCT has been considering ways in which to improve the uptake. One suggestion that the PCT is proposing is to add an alert message to the electronic medical records of the patients in the targeted age group. Whilst supporting the screening programme, the LMC has raised some concerns about this blanket approach and has stated that individual practices must have the ability to set their own parameters for the inclusion of a system alert.

## **FRACTURE CLINIC - RLUH**

The LMC has received confirmation from the Royal Liverpool University Hospital that signs for the Orthopaedic clinic have been amended to read "Orthopaedic R Clinic (fracture clinic)". It is hoped that this should avoid any further patient confusion.

## CHOOSE AND BOOK

The LMC continues to receive the concerns of colleagues regarding the workings, or otherwise, of Choose and Book. The PCT is under pressure from the Strategic Health Authority to see usage increase, however, it is evident that this will not happen until, and unless, the process works more efficiently. In addition, colleagues are becoming increasingly frustrated at having to fax referrals to hospitals following failed or abortive attempts at using Choose & Book.

All concerns received are passed through to the PCT, and the Chief Executive of the PCT is continually made aware of the difficulties encountered by practices.

The LMC is aware that some colleagues are having to continually change the type of paper in their printers depending on whether they need plain paper (for Choose and Book or referrals) or ICE paper for pathology requests. Liverpool PCT will consider providing printers with the correct number of papers tray if requested by practices.

## MEASLES / MUMPS

Periodically, the LMC receives reports about sporadic outbreaks of measles. Colleagues are reminded to not only strive to ensure that toddlers are vaccinated at around 13 months, but that a booster is given at the time of the pre-school booster.

Unfortunately, the number of children receiving their pre-school booster is only 77%, with a similar rate for MMR2. As it is important to improve vaccination rates to adequately protect the community, colleagues are urged to ensure that they have processes in place to identify children who have not been appropriately immunised.

Colleagues are reminded that there is a Local Enhanced Service to cover provision of MMR vaccination to first year students under the age of 25 years, and that, where appropriate, this vaccination should be offered to all appropriate students.

## CLOSTRIDIUM DIFFICILE

Liverpool PCT is being performance managed on the rate of C Difficile both in the community and hospital sector. Data comparing the rate of infection in Liverpool with other cities suggests that C Difficile originating in the Liverpool community is at over twice the rate compared to similar cities.

Whilst the PCT is auditing antibiotic prescribing across practices and in particular undertaking a root cause analysis of each case of C Difficile originating in the community, colleagues are reminded that C Difficile infection may be related to the prescribing of Co-Amoxiclav, Cephalosporins, or Quinalones.

Medicines management will be working with practices to encourage more rational, beneficial prescribing of antibiotics.

## SALARIED & LOCUM GPs

The BMA is holding a one-day conference for sessional GPs, entitled "Recognise Your Talents, Realise Opportunities : Key Steps for Sessional GPs", on Friday, 13 November 2009. Details can be found at: [http://www.bma.org.uk/whats\\_on/SESSGP09.jsp?page=1](http://www.bma.org.uk/whats_on/SESSGP09.jsp?page=1)

## HPV VACCINATION PROGRAMME

The LMC is grateful to colleagues who have strived to vaccinate young female patients who were born between 1 September 1990 and 31 August 1991. The uptake figures for Liverpool practices at the beginning of July 2009, for this particular age group, were 44% for the first dose, 36% for the second dose, but only 9% for the third. The LES agreed last year will cover payment for completion of the vaccination course.

Colleagues are reminded that the accelerated catch-up programme for female patients born between 1 September 1991 and 31 August 1993 (in the equivalent of school year 12 and 13) should have commenced. Local Enhanced Services for this age group, which had been agreed by the LMC, were circulated to practices in July 2009.

To make the scheme more practical for practices, the PCT has agreed that practices may receive the vaccine in batches of 10.

## SHARED CARE AGREEMENTS

The LMC has been in discussion with the Area Medicines Management Committee regarding a number of shared care agreements.

In essence, the process for agreeing shared care is being streamlined to ensure that there is a consistent approach to asking GPs whether they would enter into such agreements.

The LMC has suggested that for some agreements, there should actually be a Local Enhanced Service in place to cover the additional work involved in monitoring patients. This request has been rejected by Liverpool PCT.

The LMC has recently supported the following shared care agreements:

- \* Apomorphine for the treatment of patients with Parkinson's Disease.
- \* Cholinesterase Inhibitors for the treatment of patients with Dementia.
- \* Low Molecular Weight Heparin in DVT or pulmonary embolism where oral anticoagulation therapy is unsuitable.
- \* A change to the existing agreement for drug treatment of inflammatory arthropathies.

Colleagues are reminded that shared care agreements are **voluntary** and should only be entered into having considered the medico-legal implications. This may be important especially where it is clear that there may be some expertise required in monitoring the patient, or where the medication is being used outside of its product licence.

## SEASONAL FLU CAMPAIGN

It is now evident that for most groups of patients, it will not be possible to run Swine Flu and Seasonal Flu campaigns concurrently. Colleagues are reminded that the target for Seasonal Flu vaccination for patients aged over 65 years will be 75% (Liverpool reached 73.5% in the 2008/2009 seasonal campaign).