

Prescribing Needles & Syringes

The process by which used sharps are collected from patients' homes has been reviewed by Liverpool City Council.

In essence, the manner in which Liverpool City Council collected discarded sharps had been somewhat haphazard, and following discussions which involved Liverpool PCT and the LMC, the process has now been streamlined.

In situations in which a GP initiates medication involving sharps, colleagues are asked to fax a copy of the first relevant prescription to Liverpool City Council on 0151 233 2632. The prescription will, by necessity, include the prescriber's details as well as the patient's name and address. Subject to patient consent, the patient's telephone number should also be supplied. This will enable the waste contractor to contact the patient with a view to establishing a safe collection service as soon as practical.

Colleagues are advised that the waste contractor for Liverpool is *Enterprise Limited* (0151 547 7370) and their address is via Liverpool City Council Neighbourhood Environmental Services, c/o Municipal Buildings, Dale Street, Liverpool, L2 2DH.

Colleagues requiring more information should contact the LMC.

VACCINATING PREMATURE INFANTS

Colleagues should be aware of the fact that changes were made recently to the *Green Book* - Immunisation Against Infectious Diseases:

Immune responses in very premature infants (eg gestational age under 30 weeks or birth-weight below 1,500 g) may be sub-optimal. As these infants may be at high risk from infection, vaccination should not be delayed but given according to the national schedule at the appropriate chronological age. Additional doses of vaccine may need to be considered.

It also recommends that the first immunisation of a child born very prematurely should be administered in hospital.



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- * Local Involvement Networks
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Seasons Greetings





LAUNCH OF LMC WEB SITE

The LMC web site has now "gone live". It contains information such as Members of the Committee, forth-coming events, guidance documents, latest newsletters, some links to other web sites, and various other snippets of information. It will be updated regularly and shortly there will be information regarding the forthcoming LMC elections. Please, take a look. Is there something that you would particularly like to see? We would be very grateful to receive your feedback, positive or negative.

Web Address: www.liverpool-lmc.org.uk

Please contact the LMC office if you have any difficulty in accessing the web site.

TRANSFORMING COMMUNITY SERVICES

Colleagues may recently have received a questionnaire from the PCT regarding various aspects of their practice premises. The LMC did receive the concerns of a number of colleagues regarding some of the questions being asked, especially as some related to various assessments that might be required.

Attached to this newsletter are documents on:

Employer's Health & Safety Responsibilities, Fire Safety, Legionella Disease & Managing Asbestos

SWINE FLU

The LMC is aware that many practices have strived to achieve good vaccination rates against the Influenza A (H1N1) Swine Flu virus for patients in *at risk* groups. Whilst it is accepted that this is generating additional work for practices, it is hoped that colleagues will continue to ensure that relevant patients are actively invited to have the vaccination.

The LMC has recently agreed the Directed Enhanced Service, which under-pins the funding for the current campaign. Although the DES includes details of submission dates for vaccination uptake, these dates are independent of data collection dates for payment purposes. The PCT has confirmed that practices will be paid on the basis of data collected by IT facilitators when other data for enhanced services is collated.

There have been some difficulties in ensuring pharmacists, dentists and some PCT community staff are vaccinated. Having discussed the matter, the LMC has advised the PCT that where practices have the capacity, and are vaccinating their own patients, they may be able to assist in vaccinating such health care workers.



Even though the Department of Health recently announced an extension to the campaign, by suggesting that children from 6 months to 5 years of age who are not in an at risk group should be vaccinated, the process by which this could be achieved has not been agreed, nationally. In the meantime, discussions are taking place locally regarding a LES to determine how this group of children should be vaccinated.

CLOSTRIDIUM DIFFICILE

Colleagues are reminded that there is a local campaign to try and reduce the incidence of Clostridium Difficile originating in the community. This is part of a national strategy to reduce the incidence of Clostridium Difficile in both primary and secondary care.

The LMC is supporting Liverpool PCT in trying to understand the relatively high incidence in Liverpool. Colleagues can assist by trying to reduce prescribing of antibiotics, particularly the prescribing of Co-amoxiclav, Cephalosporins and Quinolones.

CHLAMYDIA SCREENING

Colleagues will recall that there is a Local Enhanced Service for Chlamydia screening for patients aged 15-24 years of age. The uptake in Liverpool for this screening remains low and discussions have taken place between the LMC and the PCT with a view to revamping the LES for Chlamydia Screening, along with reviewing the Sexual Health LES.

The Department of Health has recently announced that there will be a national advertising campaign in December 2009, promoting contraception and another in January 2010, regarding Chlamydia, so there is likely to be an increase in demand.

TWO WEEK RULE REFERRALS

Colleagues are respectfully reminded that if they decide to refer patients for an urgent assessment, under the 2 week rule, they have a responsibility to ensure that patients not only understand the significance of the referral, but also appreciate that they will receive an appointment to be seen within fourteen days.

There have been instances, recently, when patients have declined to take up appointments owing to holidays or for other non-health related matters. This makes a mockery of the system, but also results in much time being wasted in trying to contact patients.

QUARTERLY CAPITATION FIGURES AND MONTHLY STATEMENTS

Central Operations, Mersey, has recently consulted the LMC regarding a plan to cease providing practices' monthly finance and prescribing statements and the quarterly capitation figures, suggesting that practices could access the information via the Open Exeter system.

The LMC felt that this was an underhand way of transferring the onus of providing these from COM to practices, especially as, ultimately, the monthly statements would need to be printed for practice accountants. The LMC believed that it should be up to practices to decide the manner in which they received such statements and advised Central Operations that a blanket approach would be unacceptable.

Colleagues requiring more information should contact the LMC.



LOCAL ENHANCED SERVICES

The LMC recently considered the concerns of colleagues regarding the PCT's decision to place certain criteria upon practices wishing to avail themselves of the Ankle-Brachial Pressure Index LES. In particular, concern was expressed at having to meet a 50% target on the PCT's Improving Standards Matrix, and be fully open 5 days per week.

The LMC has asked the PCT to review its stance, especially as the Improving Standards Matrix is under review. The LMC is also concerned that practices still reliant upon an MPIG may not be adequately funded to meet the PCT's requirement that practices do not have a half day close.

Colleagues requiring further advice should contact the LMC

GP CERTIFICATION OF DEATH

Colleagues are respectfully reminded that the Registrar of Deaths would find it extremely helpful if, on signing a death certificate, the GP would add his/her GMC number. This would greatly assist the Registrar in confirming that the GP is licensed to sign such certificates.

MERSEY GP TRAINEE COMMITTEE

The Mersey GP Trainees Committee has recently been resurrected. This committee, which represents the views of GP Trainees, has the ability to send representatives to the LMC as well as linking into the GP Trainees Sub-Committee of GPC. The committee is always looking for new members and it would be helpful if colleagues could bring this to the attention of their Trainees.

The current Chair of the Mersey GP Trainees Committee is Claire Swift. E-mail address is cswift@doctors.org.uk

QOF ASSESSMENT

Although Liverpool PCT will not be undertaking assessment visits to practices this year, colleagues are reminded that a number of practices will be subject to a pre-payment assessment following the end of the financial year.

As in previous years, colleagues will be expected to provide the PCT with certain written information and evidence, in advance of the year end.

This process has been agreed with the LMC.

CHILD PROTECTION



Attached to this newsletter is a letter signed by the Chairmen of both the RCGP and GPC urging colleagues to avail themselves of training in Child Protection matters. Training is offered by Liverpool PCT.

RECRUITMENT AND SELECTION OF NCAS MEDICAL ASSESSORS

The National Clinical Assessment Service is currently recruiting GPs (particularly those with significant experience and/or are currently single handed or in small practices, providing an out of hours service and/or working in an inner city or urban environment).

Attached is a letter providing additional information. Further information may be available from the LMC.

MEDIMMUNE BRONCHIOLITIS STUDY

Alder Hey Children's Hospital is involved in a research study designed to evaluate the safety, tolerability, immune response and vaccine-like viral shedding of a new nasal drop vaccine against Respiratory Syncytial Virus (RSV) and Parainfluenza Virus Type 3 (PIV 3) in healthy children aged between 2 months - 24 months.

The Hospital will be approaching local parents and guardians asking them to participate in the study. Whilst it is not anticipated this will involve any extra work for practices, GPs will be advised if any patients are recruited into the study. It is expected that an information letter and posters will be sent to practices in due course.

WHO GROWTH CHARTS

There has recently been a change to the growth charts used in the UK. The new charts can be found at: www.rcpch.ac.uk/page.aspx?id_content=894

MEASLES, MUMPS AND RUBELLA (MMR) SWAB KITS

The Health Promotion Unit has recently altered the process by which MMR swab kits are being made available to confirm the clinical diagnosis in patients notified as having measles, mumps or rubella. To help simplify the process, kits will now be sent directly to patients, rather than to the practice. A copy of the laboratory results will be sent to the practice as usual.

QUALITY IN GENERAL PRACTICE

Colleagues will be aware that from 2012, GP practices will be required to register with the Care Quality Commission (CQC). The process for this is yet to be determined, however, it is clear that practices will be expected to demonstrate that they comply with Standards For Better Health.

Both the RCGP and GPC have been discussing how practices can demonstrate that they provide a quality service for patients. It is hoped that a practice accreditation scheme currently being considered by both organisations might be sufficient to satisfy the CQC.



HPV VACCINATIONS

The results of last year's HPV vaccination campaign targeting last year's 17-18 year old females has been somewhat disappointing. Whilst 49.7% of the cohort had a first immunisation, and 43.5% had a second dose, only 27.3% actually completed the course (as at November 2009). This may be as a result of some practices starting the programme late. Colleagues are asked to ensure that where possible, patients in this cohort complete the course.

This year, the target group for GPs is females aged between 16-18 years of age. The uptake in the 16-17 year old cohort is 12.7% (first dose) and 6.4% (second dose) and for the 17-18 year old cohort 19.9% (first dose) and 10.2% (second dose).

Notwithstanding the fact that there are many competing pressures on practices, it is hoped that colleagues will strive to ensure that these patients are offered the vaccination programme.

In respect of last year's 12-13 year old cohort of girls, 92% completed their course of three vaccinations, although 94.3% had their first two. Colleagues may be asked to help ensuring that these girls have their third vaccination. Payments for these will be covered by the relevant Local Enhanced Service.

Colleagues having concerns or difficulties should contact the LMC.

VACCINE COLD CHAIN

Liverpool PCT is planning to conduct an audit of practices in relation to the *cold chain*. In essence, the PCT wishes to be satisfied that the cold chain is being maintained and that practices are following the PCT's protocol on maintaining the cold chain and monitoring refrigerator temperatures.

THE CAMERON FUND

The Cameron Fund is the only medical charity which provides help and support solely to general practitioners and their dependants. It aims to meet needs that vary considerably from the elderly in nursing homes to young, chronically sick doctors and their families and those suffering from unexpected and unpredictable problems such as relationship breakdown or financial difficulties following the actions of professional regulatory bodies.

Anyone who knows of someone experiencing difficulties, hardship or distress is urged to draw attention to the Cameron Fund's existence or alternatively to contact Jane Cope, the Services Manager.

E-mail: janecope@cameronfund.org.uk Phone: 0207 388 0796



Address: Tavistock House North, Tavistock Square, London WC1H 9HR

Liverpool LMC makes an annual donation to the Cameron Fund, as well as to the Merseyside Medical Benevolent Fund. Both charities also welcome donations from individuals. Further information is also available from the LMC office.

LMC ELECTIONS

Liverpool LMC will be holding elections to the Committee during Spring 2009. Half of the Committee, will, as usual, be retiring by rotation. Although retiring members will be eligible to stand for re-election, there will be some vacancies.

The Committee welcomes new members and it is hoped that colleagues will consider standing for election to the Committee.

The LMC Constitution allows for membership of GP Partners (GMS and PMS), Salaried GPs, and Sessional GPs, working in Liverpool practices and on the Liverpool Performers List. Consequently, it is hoped that colleagues working in PCTMS practices, APMS practices, as well as Independent Contractors, will consider standing.

Whilst it is accepted that there are many time pressures on colleagues, and many are involved in practice based commissioning, it is important that Liverpool retains a strong LMC, representative of all colleagues working in General Practice in Liverpool. This will become even more important as Liverpool PCT reviews services in the light of forthcoming financial pressures on the local health economy.

Further details regarding the LMC are available from the LMC office.

SMOKING STATUS

The LMC has been advised by a number of practices that they were unaware of the fact that QOF no longer recognises *current non-smoker* 137L as a response. Colleagues should ensure that patients are coded appropriately as either "current smoker", "ex-smoker", or "never smoked".

MERSEY CARE NHS TRUST

Attached to this newsletter is the latest newsletter from Mersey Care. This provides an update on the TIME Project Team.

GPC GUIDANCE DOCUMENT

Attached to this newsletter is a GPC Guidance Document on Local Involvement Networks.

COLPOSCOPY

Liverpool LMC has recently been involved in discussions regarding altering the referral process for patients with abnormal smears requiring colposcopy. It is hoped that a mechanism will be introduced by which women with abnormal smears will automatically receive an invitation for colposcopy, if this is deemed to be clinically necessary, direct from the relevant colposcopy clinic.

The LMC believes that, subject to certain safeguards, this new process will simplify the referral process for women requiring further investigation.



CLINICAL PATHWAYS

The LMC is aware that discussions have been taking place within PBC groups and between PBC and secondary care, regarding the more efficient use of clinical pathways. There has been a general belief that if clinical pathways were adhered to, patients may be treated more effectively in primary care with a possible reduction in referrals to secondary care. The LMC believes that if primary and secondary care colleagues were able to more clearly define pathways, and where possible care was delivered in the most clinically appropriate setting, Liverpool could avoid the necessity of having to establish referral management centres to, in effect, police referrals to secondary care.

Discussions have taken place locally between PBC and the Liverpool Women's Hospital regarding a number of clinical pathways for defined conditions. Those discussions have centred around which parts of the pathway should be managed in primary care and which should be managed in secondary care.

For GP colleagues not able to fulfil all the primary care elements, there will be an intermediate step added into the referral process so that patients can be adequately managed in the community, prior to any onward referral.

The LMC will be monitoring the process carefully.

BRITISH ASSOCIATION FOR PERFORMING ARTS MEDICINE

The LMC has received a request from the British Association for Performing Arts Medicine to help raise awareness of a proposed new service in Liverpool. The BAPAM is a charity that runs a nationwide network of free diagnostic assessment clinics, which tries to resolve performance related health problems of professional and student performing artists, mostly musicians. BAPAM is seeking to recruit a GP for their new Liverpool clinic. An information poster is attached.

LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST

The Appointments Commission has been engaged by the Liverpool Heart and Chest Hospital NHS Trust (previously the CTC) to seek two non-executive directors for the Trust. Candidates should have senior/board level experience in a large complex and service orientated organisation and should be able to demonstrate expertise in one or more of the following areas:

- * legal experience at a senior level
- * workforce change and development
- * customer focus experience in a large and complex service driven organisation
- * marketing
- * previous non-executive director experience



If you know anyone who may be interested, an application pack can be obtained from the Appointments Commission Recruitment Services Centre: 0870 2403802 or www.appointments.org.uk/vacancies reference FT9426. Closing date for applications is 18 January 2010.