LIVERPOOL LOCAL MEDICAL COMMITTEE

E-NEWSLETTER

November 2011

LOCAL AUTHORITY CUTBACKS

The LMC has been advised that Liverpool Local Authority is to announce proposed options in an effort to realise savings in the order of approximately £100m over three years. Although no decisions have been made by the Local Authority, at this stage, there is the suggestion that there probably needs to be efficiencies to Social Services and the overall services provided by the Council.

The proposals are only options, at this stage. The aim is to finalise a budget in March 2012. The LMC has received an assurance that, despite what may be stated in the press, the Local Authority will ensure that services for the most vulnerable members of society will be maintained.

GOVERNMENT CUTBACKS

Colleagues will be aware that, as a result of Government cutbacks, there has been an increasing move to transfer costs from the public purse to individuals. This is having an affect on practices as more patients approach practices directly for evidence to support Blue Badge applications and various appeals. This work, which was either paid for via the PCT, solicitors or other agencies, is not part of a GP's NHS contract, and as such, GPs can charge for providing such services.

CARE QUALITY COMMISSION

Colleagues will recall that it was announced that registration with CQC, for General Medical Practices, would be delayed until April 2013. The CQC has now published a short guide for general practices [document 01]. The guide, which contains a number of 'myth busters', states that even if practices are non compliant in certain areas, an indication that practices are working towards compliance will, in many instances, be sufficient for registration purposes. The advice that has previously been given, regarding the purchase of third party assistance, remains.

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Electronic Attachments

* An Introduction to Registration with CQC [document 01]
* Day of Action general FAQ [document 02]
* Day of Action FAQ for GPs [document 03]
* CCG GPs [document 04]
* CCG Management Leads [document 05]
* CCG Clinical Areas [document 06]
* Prescribing Specials [document 07]
* BMA Letter [document 08]
* QOF Agreement 2012/13 [document 09]
* Summary of QOF Changes [document 10]

PENSION DAY OF ACTION - 30 NOVEMBER 2011

Liverpool LMC, in conjunction with neighbouring LMCs is concerned that some hospital Trusts have suggested that if members of staff take sick leave on or around the 30 November, the Trusts will insist on having medical certification of illness. The LMCs will be reminding Trusts that members of staff can self-certify for the first 7 days of illness and that it would be inappropriate to expect GP appointments to be taken up by patients with minor self-limiting illnesses, purely with a view to obtaining a medical certificate.

Attached, are FAQs, provided by the BMA, in relation to the day of action [document 02] [document 03] .

HEALTH AND SOCIAL CARE BILL 2011

Despite the opposition of many in the health care sector, the Health and Social Care Bill continues to make progress through the House of Lords. Although it is anticipated that there will be some changes made, it now seems likely that Clinical Commissioning Groups will come to fruition. In Liverpool, work has been ongoing to determine the configuration of CCGs, and whether there should be 1 or 3. Subject to adequate resources being made available, the LMC understands that there are likely to be 3 CCGs going forward for Authorisation, however the 3 CCGs will be working closely together, sharing some management services.

Recent communication from GPC has reminded colleagues of the importance of being inclusive, with those GPs involved in CCGs having been subject to an election process to ensure that they are accountable to the GPs in the area covered by the CCG. GPC has also stated that it is crucial that salaried and freelance GPs are involved with CCGs.

Details of GPs [document 04] and Managers [document 05] involved with CCGs, together with the clinical areas being covered by CCG GPs, [document 06] is attached.

COMMUNITY NURSES - INFLUENZA VACCINATION OF HOUSEBOUND PATIENTS

Liverpool Community Health NHS Trust has given an assurance that its community nurses are on track to complete the vaccination of all housebound patients, who are on the District Nursing caseload, by the middle of November. Colleagues having concerns about the vaccination of housebound patients should contact the LMC Office.

PERSONAL MEDICAL ATTENDANT (PMA) REPORTS

Despite the fact that the Association of British Insurers (ABI) has failed to reach an agreement with the BMA over recommended fees for providing Personal Medical Attendant Reports for patients, many Life Assurance companies are still quoting the fact that they will pay "the agreed BMA rate". Colleagues are reminded that, as there is no agreed rate, GPs are able to negotiate their own rates if they feel that this would be more appropriate for the work involved.

CENTRAL OPERATIONS, MERSEY - OPEN EXETER SYSTEM

Although 88 of the 95 Liverpool practices have been set up to use Open Exeter, not many colleagues have agreed to allow paper communications to cease. In fact, only 5 practices have agreed to have electronic finance statements only.

Central Operations, in common with other 'payment agencies' is having to make drastic savings, and if certain functions are to be preserved and maintained, colleagues are being urged to consider using Open Exeter more, for some administrative functions such as Cervical Cytology Prior Notification forms and Non Responder Cards, as well as financial applications such as GP Financial Statements, Drug Statements and Capitation Statements. All these services are password protected, and colleagues are able to have the system set up so that only certain named individuals, such as the 'senior partner' or 'financial partner' have access to sensitive financial statements.

Colleagues wishing to have more information regarding this should contact Gail Birss, Information services Manager, COM. Gail.Birss@centralops-mersey.nhs.uk

PRESCRIBING AND DISPENSING OF UNLICENSED "SPECIALS"

Liverpool LMC and Liverpool LPC are working together with Liverpool PCT to try and reduce the prescribing of unlicensed special medicines. These are medicines that do not have a UK Marketing Authorisation, and are of concern as the costs for such medicines is rapidly increasing. In many instances, there is often a cheaper, alternative way to provide and possibly administer the medicine.

It is expected that in a situation in which an unlicensed special has been prescribed, the dispensing pharmacist will advise the GP that an unlicensed special has been ordered, with a view to suggesting an alternative, licensed product. Colleagues are respectfully reminded that if a patient is harmed by an unlicensed product, the prescriber may be medico-legally liable.

A copy of a guidance document is attached [document 07].

GP APPRAISAL

A recent communication has been sent to all Liverpool GPs, from NHS Merseyside, regarding the Appraisal system and appraisals in Liverpool. The LMC has sought clarification regarding a number of issues raised in the letter, as some of the content has caused anxiety amongst some colleagues, especially in relation to Revalidation and the need to use one particular web based site. It is anticipated that there will be a further communication to GPs, in due course.

In the meantime, colleagues are respectfully reminded of the need to ensure that they undergo an annual appraisal, if they wish to remain on the Performers List. Salaried and Sessional GPs (non-principals) are also reminded that they should provide proof to Clare O'Toole (clare.o'toole@centralops-mersey.nhs.uk) of the fact that they are working within the Liverpool PCT area, for the majority of their working time, if they wish to remain on the Liverpool Performers List.

FORCED MARRIAGE GUIDANCE

The LMC has recently been advised of the Liverpool's Forced Marriage Protocol, which has been developed by the Forced Marriage and Honour Based Violence Steering Group together with the Liverpool Safeguarding Children Board. There are approximately 1,700 cases reported each year, with the highest rate occurring within the North West.

In respect of the Role of Health Professionals, the document states:

Women trapped in forced marriage often experience, violence, rape, forced pregnancy, and forced childbearing. Many girls and young women are removed from education early. Some may be unable to leave the household unescorted – living virtually under house arrest. This guidance is relevant for both male and female victims, however because 85% of those seeking help concerning forced marriage are women the consequences are different than those for men.

Many women are the main carers at home and the abuse they suffer can have a devastating impact on their children.

There are many ways that a woman can come to attention of health services including:

* *Accident & Emergency Departments, rape crisis centres or genito-urinary clinics with injuries consistent of rape or other forms of violence*

* *Dental surgeries with facial injuries consistent with domestic abuse*

* *Mental health services, counselling services, school nurses, health visitors, A&E, GP with depression and self-harming behaviour (including anorexia, cutting, substance misuse or attempted suicide) as a result of forced marriage*

* *Family planning clinics and GP for advice on contraception or termination*

* *Maternity services if pregnant*

Health services can create an "open" and supportive environment by:

- *Displaying relevant information eg National Domestic Violence Helpline, NSPCC, Child Line and appropriate black and minority ethnic women's groups*

- *Circulating and displaying copies of the Forced Marriage Unit's leaflet on forced marriage*

- *Educating health professionals on issue of forced marriage*

Some health professionals have more opportunities, or are able to create opportunities, to see a woman on their own. If there are concerns that forced marriage is an issue, the health professional might ask questions about family life and whether the woman faces restrictions at home.

There are all sorts of questions a health professional could ask to establish whether a woman is trapped in a forced marriage which include:

* *How are things at home?*
* *Do you get out much?*
* *Can you choose what you want to do and when you want to do it such as seeing friends, working or maybe studying?*
* *Do you have friends and family locally who can provide support?*
* *Is your family supportive?*

If a health professional does elicit information that suggests a woman is facing a forced marriage, they should use careful questioning to establish the full facts and decide on the level of response required. Health professionals should be mindful if a disclosure is made that this may be the one and only chance of helping the patient.

Health professionals may be able to offer advice and provide them with information about specialist advice and information services, or assist women by referring them onto police, social care services, support groups, counselling services and black and minority ethnic women's groups.

However, there may be occasions when the level of concern, or the imminence of the marriage, is such that it becomes a child or vulnerable adult protection issue and appropriate procedures must be followed. This includes referral to Children's Social Care and the Police.

Within each organisation there is a named person with the lead for supporting staff around forced marriage issues who can also support contact with the Forced Marriage Unit (a joint Home Office/Foreign and Commonwealth Office Unit).

Accurate records must be maintained at all times documenting what has been said and done.

Any colleague requiring further information should contact the LMC office.

LIVERPOOL INTEGRATED CHILDREN'S PATHWAY

Liverpool LMC has recently received a presentation on potential changes to the way care could be delivered to young patients with chronic complex conditions, to the extent that their GP is placed at the very heart of their care.

Dr Chris Peterson, GP Clinical Lead for the Pathway, has kindly provided a summary of the proposals, which is now being piloted. It is anticipated that a LES will be formulated, in due course. The Pathway is based upon loose principles of integrated care in Europe, but is unique to Liverpool, in the UK.

The LMC has agreed, in principle, to the Pathway, subject to adequate resources and funding.

* **Current Position**

At the present time children with chronic complex conditions have a sub optimal relationship with their GP. The nature of their conditions mean that even before birth, secondary care assumes responsibility for the child and this situation remains the status quo usually until either stability of the condition in adulthood or death.

These children receive their primary care in a secondary care setting; they build relationships with secondary care colleagues that emulate the relationships most patients have with their GPs.

Whilst this model of care delivers good medical attention for the children, there are downsides. There is a lack of GP support for families, due to the failure of engagement leading to significant socioeconomic impact. There is considerable inconvenience for families due to the travelling that they must undertake. There is enormous cost to the tax payer, because there is basic care being paid for at secondary care tariff rate, and there are capacity issues in secondary care because they are delivering primary care as well.

* **History**

Following a citywide meeting between parents, education, social care and healthcare providers, the LICP work commenced early in 2010. A group was formed that included parents, GPs, hospital and community paediatricians, neonatologists, allied health professionals, community nursing colleagues, social care and commissioners.

The aim was to develop a pathway that put the GP back at the centre of the care of children with complex chronic disability. There was acknowledgement that GPs would need support from community paediatricians, hospital paediatricians, and allied health professionals. Educational issues for GPs were acknowledged. Time constraints for GPs were acknowledged.

However, the overwhelming view was that having the GP as the patient's first point of contact, would deliver a significant improvement in quality of care delivered to the patient and the support provided for the family.

The subsequent pathway work led to the understanding that a new relationship based on shared inter-professional decision making would need to exist, not only between patient and GP but also between GP and community paediatricians, neonatologists, allied health professionals, social care and education.

These relationships would have to be built up through improved communication and improved technological support. The GPs would need to engage with colleagues in a different way.

* **The Pathway**

The pathway itself describes the care from the moment an antenatal scan suggests an increased risk, through birth to early years (0-5), primary school age, secondary school years and finally transition to adult services. There is a facility for a child with a diagnosis later than at birth, to enter the pathway.

* **Shared Care**

Integral to the pathway is a shared care agreement. This was developed to ensure that each party, including the patient, understands their roles and responsibilities and what they can expect from each other party.

* **Funding**

This pathway does not represent delivery of core GMS. There will be time spent by GPs attending Multi Disciplinary Team meetings, supporting families and visiting the patients at home. Hence there needs to be funding of the pathway. Currently the cost benefits of the pathway are being looked at to establish the funding stream to pay for a LES.

The LMC felt that this LES should be offered to all GPs who have such patients on their lists. The initial numbers are small with only about 100-200 such patients currently across Liverpool.

* **Education**

There would be a need for some education of GPs, although the enhanced communication with colleagues, both ad hoc and in the MDT setting will be learning experiences. In addition, the opportunity to re-specify community paediatrics will enable the development of increased integration between secondary and primary care therefore providing the specialist paediatric support that GPs may require. The LES documentation will describe how initial educational needs can be met. There is significant willingness from both secondary and community paediatric consultant colleagues to help with the education of GPs.

The Clinical Commissioning Groups are all aware of the pathway and support its development. Education would be facilitated through CCG channels.

* **Summary**

This pathway will place the GP at the heart of the care of some of society's most needy patients. The unique continuity and accessibility of primary care will provide holistic support for the families, whose lives are emotionally and economically devastated by their child's condition. Quite apart from the enhanced quality of care, the financial consequences of ensuring that the right care is delivered in the right place, will benefit the health economy greatly.

GP TRAINEES CONFERENCE

The GP Trainee Conference "Get Ahead: The Essential GP Trainee Skills Day" takes place at BMA House in London, on Wednesday 30 November. Details for the conference, which is aimed at both current GP Trainees and recently qualified GPs, are available on the BMA website.

2012-13 GP CONTRACT AGREEMENT

Please find attached details of changes agreed with GPC regarding the GP Contract for 2012 [document 08] [document 09] and [document 10].

LOCUM AGREEMENT GUIDANCE

GPC has recently published a Locum Agreement Guidance Document. This document is aimed at both locum GPs and practices which engage GPs. It is available to BMA members on the BMA website.

LIVERPOOL LMC 2012-14

Elections to Liverpool LMC will take place at the beginning of next year. One half of the present Committee will be up for re-election. There will be a request for nominations in January 2012. Colleagues considering standing can receive additional information from the LMC office.

RESEARCH STUDIES IN DIABETES

The endocrine department at the Royal Liverpool Hospital is often involved in research studies, particularly in the field of Diabetes. The trials with which the department is involved, have invariably been adopted by the National Diabetes Research Network as well as the Local Research Network. As with other forms of research, undertaken through the various Local Research Networks, there is often funding available to account for the potentially increased workload, in relation to involvement with the trials. In many cases, involvement can be seen as an educational opportunity for patients with suboptimal diabetes control, as well as of being of benefit to practices.

Although it is accepted that all colleagues are working harder with the increasing shift in care from Secondary to Primary Care, it is important to support research projects, where possible.

SHARED CARE FOR SUBSTANCE MISUSE

Colleagues will be aware that *Addaction* took over the management of Shared Care for substance misuse last year. Addaction is keen to increase the availability of shared care in General Practice, and will be contacting practices where there are a reasonable number of patients receiving care in 'intermediate' clinics, rather than by their own practice as part of a shared care arrangement.

Practices that are not in shared care, but might be interested, should contact Dr Sandra Oelbaum, Clinical Lead Addaction Liverpool (s.oelbaum@addaction.org.uk)

LIVERPOOL BAMBIS

Liverpool Bambis (Babies and Mums Breastfeeding Information and Support) is the new breastfeeding peer support team providing support to women in Liverpool. The Bambis team is lead by Jill Cooper with Sharon Remmington and Vickie Povall co-ordinating the team's activity, supported by Alison Fay and Lorraine Kirk. The programme is jointly funded by Liverpool PCT and Liverpool City Council and managed by Liverpool Women's NHS Foundation Trust.

Volunteers go through a thorough training process which includes La Leche League International Peer Counsellor Programme; UNICEF Breastfeeding Management Training; enhanced Criminal Records Bureau disclosure; and Occupational Health clearance which ensures they are able to provide a high quality service, while at the same time helping volunteers develop their own skills and enhance their development. On-going training is also provided to meet the needs of all concerned.

The programme has been running since October 2010 and May 2011 saw the fourth group of volunteers start their training. Once they have completed this course, there will be a total number of 31 volunteers, who have all pledged to donate 4 hours a week of their own time to providing breastfeeding support to mums.

Support is offered to women and families at any stage during their pregnancy and parenting, either at home, in Children's Centres or hospital. Volunteers offer phone support, antenatal preparation, postnatal support on the hospital ward and at home and help with the running of support groups at Children's Centres. All Liverpool Bambis volunteers can be easily identified by their purple polo shirts.

To contact Bambis please phone 0151 702 4411 or email bambis@lwh.nhs.uk