



## NOVEMBER 2013

### LMC CONSTITUTION

On account of changes brought about by the Health and Social Care Act 2012, which saw the demise of Liverpool PCT and the Strategic Health Authority, it has been necessary to update Liverpool LMC's constitution to make references to NHS England and Liverpool CCG. In reviewing the constitution, the Committee has suggested an additional change in relation to the voting arrangements and composition of the Committee. The current constitution refers to 24 GMS & PMS principals elected to the Committee by GMS & PMS principals, and 4 non-principals elected to the Committee by non-principals.

Taking into account the fact that principals are now referred to as contractors, and non-principals as salaried or sessional GPs, together with the fact that there are more salaried doctors working in the city than when the membership of the Committee was last reviewed, the Committee has felt that it would be more appropriate for the constitution to refer to 28 General Practitioners comprising GMS & PMS contractors and salaried or sessional practitioners. Moreover, the Committee felt that where possible the membership of the Committee should more fully reflect the make-up of the permanent workforce at the time of the election. In essence, this means that if approved, at the next election, if there are more candidates than vacancies on the Committee and an election is conducted, depending on the number of contractors and salaried/sessional GPs standing, the Committee would aim to elect, if possible, 9 contractors and 5 salaried/sessional GPs. If fewer salaried/sessional GPs stood in the election, then a greater proportion of contractors would be duly elected.

The Committee is keen for these changes to be introduced in time for the next LMC election, which is due to take place in February 2014. A copy of the revised constitution, detailing the changes with all amendments being noted in red type, can be viewed by clicking the link beneath the link to this document on the website. Comments [\[by e-mail\]](#) on these changes would be appreciated by 29 November 2013.

## **CARE.DATA**

As you will be aware from previous correspondence, as a result of changes brought about by the Health and Social Care Act 2012, the Government had been keen on extracting certain elements of patient data, to be used in an anonymised way, to help with health care planning.

As a result of representation from a number of bodies, including the BMA, the launch for extracting data has been delayed until, at least, Spring 2014. One of the main issues related to the fact that it became evident that the public was unaware that data was going to be extracted, yet the only manner in which extraction could be prevented would be by patients actively opting out. GPs had feared that patients would not know that they could opt out, yet no satisfactory means had been disseminated regarding the overall process. The Government has now decided that it will ensure leaflets are sent to all households in England regarding the process. In the mean time, you might be interested in some recently published documents on information governance and a guide to confidentiality in health and social care.

## **VARICOSE VEINS**

Liverpool LMC has recently discussed the *North Mersey Procedures Of Lower Clinical Priority Policy* that was formulated under the PCT. The Committee was concerned that following recent NICE guidance in relation to Varicose Veins, the policy was somewhat outdated. The LMC has brought this to the attention of the CCG. The LMC has been advised that the Cheshire and Merseyside Commissioning Support Unit is expected to review the North Mersey Procedures of Lower Clinical Priority Policy imminently, but the policy in relation to Varicose Veins will be reviewed as a matter of priority.

## **DO NOT ATTEMPT CARDIO PULMONARY RESUSCITATION**

A number of colleagues have contacted the LMC recently in relation to patients who have been discharged from hospital with a DNACPR form. Discussions have been taking place across the North West of England with Hospital Trusts, representative committees and the North West Ambulance Service, regarding the introduction of a unified DNACPR policy which could operate across primary, community and secondary care. The LMC has been involved in these discussions and suitable BMA Ethics Committee advice has been sought. The Local Health Economy is anticipating that the unified policy will be in a position to be launched in February 2014. There are some minor aspects of the policy which have still not yet been fully agreed, but it is hoped that these will be resolved in the coming months. Liverpool CCG has indicated that it will ensure that adequate training is made available for all GPs in Liverpool.

## **REVALIDATION**

Colleagues will be fully aware of both the importance of annual appraisals and the requirements for a satisfactory Revalidation. Although there have been some teething problems in ensuring that all the necessary elements have been available for Revalidation, most issues have been resolved satisfactorily.

A recent communication from NHS England's Merseyside Responsible Officer, has indicated that if a doctor fails to engage in appraisal, and fails consequently to engage with NHS England, the individual will be referred to the GMC for lack of engagement. This would result in that individual's Revalidation date being brought forward with a view to the Revalidation date being set at 120 days by which the Responsible Officer would be required to make a Revalidation recommendation.

A process has now been agreed between the local LMCs and NHS England, Merseyside, that if a doctor fails to respond to letters from NHS England following a third reminder, the LMC Secretary will be advised of the situation with a view to encouraging the doctor to engage. A copy of the joint message from the Liverpool LMC and the Responsible Officer, can be viewed by clicking the link beneath the link to this document on the website.

## **LIVERPOOL LOCAL QUALITY IMPROVEMENT SCHEME** (GP Specification)

Following the LMC meeting in October 2013, and the subsequent joint meeting that took place between the LMC and Liverpool CCG on 10 October 2013, some matters regarding changes to the GP Specification have been resolved. The LMC understands that the modified Liverpool Local Quality Improvement Scheme (LQIS) will be circulated to practices imminently. The LMC will be reviewing the LQIS at its next meeting in December 2013. If having seen the revised document colleagues have any concerns, it would be helpful if the LMC could be advised so that these matters can be further discussed.

## **COLLABORATIVE ARRANGEMENT FEES**

Prior to April 2013, Collaborative fees for services such as adoption medicals were paid via Liverpool PCT. Since the changes brought about by the Health and Social Care Act 2012 there has been confusion as to how GPs would be paid for work that had hitherto been covered by the Collaborative Arrangements. It has been agreed that until the matter is satisfactorily resolved nationally, an interim arrangement will exist whereby Liverpool CCG will recompense Liverpool GPs for any work that is undertaken under the Collaborative Arrangements that were previously paid by Liverpool PCT. Colleagues who find that they have not received payment should contact Alison Ormrod at Liverpool CCG. Her contact e-mail address is:

[alison.ormrod@liverpoolccg.nhs.uk](mailto:alison.ormrod@liverpoolccg.nhs.uk)

## LOCAL PHARMACY MATTERS

- 1) There have been a number of problems that have recently occurred in relation to GPs faxing prescriptions to local pharmacies. If a pharmacist agrees to dispense an item having received a facsimile prescription, that pharmacist is being helpful, in that a fax is not an original. **The onus is therefore on the prescriber** to ensure that the original is sent to the pharmacist. There is no requirement for a pharmacy to accept or act upon a faxed prescription. Despite the belief of some GPs, it is not a pharmacist's responsibility, under these circumstances, to either collect the original prescription, or send a stamped addressed envelope for the original prescription. However it would be expected that the original would be given to the dispensing pharmacy within 3-5 working days.

It is hoped that these factors will be taken into account when ordering a medication via fax.

- 2) The LMC is aware that some colleagues are still experiencing difficulties in relation to pharmacies ordering medication for patients when they are in hospital, or requesting repeat medication without actively checking whether a product is actually required. The LMC has advised the LPC that where practices are continuing to experience problems, despite the agreement on ordering repeat medication that exists between the LMC and LPC, the LMC will support practices that decide not to accept repeat prescriptions ordered via pharmacies.

- 3) Work is ongoing in relation to 'electronic' prescribing, and it is anticipated that with the advent of EPS2, some of the current GP-Pharmacy issues will be resolved.

## NHS ENGLAND PHONE NUMBER CHANGES

NHS England is in the process of rolling out a national migration programme to a new IT provider. As a result of these changes all NHS England staff have been issued with new telephone numbers and are required to use NHS.net e-mail accounts. The Merseyside Area Team will remain based at Regatta Place, Brunswick Business Park, but all new telephone numbers will begin with the prefix 0113. Please note that calls to 0113 numbers will only be charged at local rate. These changes were effective from Monday 30th September 2013. Attached for your information is an electronic spread sheet detailing revised contact details for all Merseyside Area Team staff members. NHS England is asking for your cooperation and patience during this time of transition. Please feel free to cascade to colleagues or other interested parties. Should you have any queries please contact Dawn Randles, Project Officer, Merseyside Area Team on 0113 825 2892.

## ITEMS INCLUDED AT THE REQUEST OF NHS ENGLAND

*This is just a quick reminder that the surveys are now open for your influenza data.*

*Both the collections below are for vaccines administered from 01 September 2013 to 31 October 2013*

*The **Patient vaccine uptake survey** will close on 12<sup>th</sup> November, if you usually have an automatic upload, this should also take place on 11<sup>th</sup> November. If you anticipate any difficulties submitting your data by this date then please let me know ASAP.*

*The **Health Care Worker survey** will close on 13<sup>th</sup> November but I need to have the data collated by then so would be grateful if you could log onto ImmForm and under surveys, look for, Seasonal flu vaccine uptake; frontline health care workers collection tool 2013/14. You will then be able to enter your data onto the site. I will collate and submit*

*If you could enter your data ASAP I would be grateful*

*Please contact me if you have any queries regarding this collection*

**Michelle Falconer**, Screening and Immunisation Co-ordinator  
**NHS England (Merseyside),**

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Tel: 0113 825 2931 | Email: [michelle.falconer@nhs.net](mailto:michelle.falconer@nhs.net)

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*An evaluation event being held at Media City on the 27<sup>th</sup> November is open to GPs and practice nurses - could I ask you to disseminate the invitation to all practices within your area teams as we are keen to engage with as many people as possible to share the results of this project. As this event is only 3 weeks away could I ask you to share this as quickly as possible.*

*Places are limited.*

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## GUIDANCE DOCUMENTS

Beneath the link to this document you will find links to two guidance documents from GPC regarding GP practices working closer together as well as possibly sharing staff. The principles within these documents will become important if practices are to work together in securing work that maybe advertised through the AQP route.