SHEFFIELD LOCAL MEDICAL COMMITTEE

NEWSLETTER

JULY 2008

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FAREWELL TO CHEVON MORGAN

It is with regret that we announce that the LMC Administrator, Chevon Morgan, is leaving the LMC Secretariat in August. However, it is with our very best wishes that she departs to take up the exciting opportunity of a year's internship in New York!

We are sure that those of you who have made contact with Chevon will agree that Chevon has performed her role with immense energy and enthusiasm. We thank her for her hard work and, in particular, the excellent job that she performed in arranging the city-wide meeting during the GMS contract negotiations.

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WELCOME TO AMY FARROW

We are pleased to announce that we have appointed a temporary member of staff, Amy Farrow, who will be starting at the end of July.

The intention is for there to be a handover during late July/early August, following which Amy will work as the LMC's temporary Administrator, with a permanent recruitment process being carried out after Secretariat and Executive summer holidays.

For up-to-date contact details for the LMC Secretariat and additional information about current staff, please see the Secretariat section of the Contact Us page on the LMC's website, which will be updated regularly as staffing changes occur:

www.sheffield-lmc.org.uk/secretariat.htm

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EXTENDED HOURS LES

The LMC recently emailed GPs and Practice Managers to inform them of a new LMC frequently asked questions (FAQ) document, addressing the various queries that have been raised regarding the Sheffield Extended Hours LES.

This FAQ will be regularly updated as more queries are received and can be accessed on the LMC's website via:

www.sheffield-lmc.org.uk/faqs.htm

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NHS NEXT STAGE REVIEW: 'OUR NHS, OUR FUTURE'

The NHS Next Stage Review, 'Our NHS, Our Future', has now come to a close.

Lord Darzi and the Department of Health have published three new reports and the BMA has produced their own summary documents:

High quality care for all: NHS Next Stage Review final report

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085825

BMA Summary

http://www.bma.org.uk/ap.nsf/AttachmentsByTitle/PDFdarzisummary/$FILE/darzisummary.pdf

A high quality workforce: NHS Next Stage Review
A report setting out more detailed recommendations in relation to workforce planning, education and training.

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085840

BMA Summary

http://www.bma.org.uk/ap.nsf/AttachmentsByTitle/PDFdarziquality/$FILE/darziquality.pdf

NHS Next Stage Review: Our vision for primary and community care
A report setting out a vision for the growth and development of primary and community care services.

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085937

BMA Summary

http://www.bma.org.uk/ap.nsf/AttachmentsByTitle/PDFOurvisionBMAsummary/$FILE/OURVISIONBMAsummary.pdf

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CERVICAL CYTOLOGY TRAINING

Just a reminder that cervical sample taker update training is available via the current providers (Newcastle PCT) as a whole day, and there are flyers advertising the next one on **THURSDAY 11 SEPTEMBER 2008** at The Source, Meadowhall. This is aimed at nurses (and GPs) who have not had updates in the last 3 years. GPs are charged £75 for this.

Also, there will be a couple of evening sessions (same venue) suitable for update training, on **THURSDAY 24 JULY 2008** and **THURSDAY 25 SEPTEMBER 2008,** run by Sheffield staff similar to the ones earlier this year. There will be a small charge for GPs. Info will be sent to practices via Kay Ellis, Royal Hallamshire Hospital Cytology Lab.

If a practice chooses to undertake Cervical Cytology, training is specified in national guidance and is considered by the LMC Executive as good clinical practice. Furthermore, if a practice has aspired to the relevant Cervical Cytology part of QOF (which is voluntary) then there is an obligation for the practice to have a protocol which is in line with national guidance and practice management of cervical screening.

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LMC ANNUAL CONFERENCE 2008

The LMC Executive and Manager attended this conference in June 2008.

The conference would have been very different if the reported 1.2 million patients had not signed the BMA's "Support Your Surgery Campaign." With this show of patient support and the ferocious attacks on GPs in the press lessening, the mood was more positive.

Representatives gave a standing ovation to Laurence Buckman before he spoke, halfway through his speech and the obligatory prolonged acclaim at the end of his battle briefing. The speech can be viewed on You Tube via:

http://www.youtube.com/watch?v=oqYVVNHT7x8

The debates that followed on topics such as government health policy and Darzi reviews & premises emphasised that, although we may have won a skirmish, the fight needs to go on.

We called for more resources to be put into existing premises and called upon the GPC to protect modern general practice.

We did pass a motion requesting that the GPC work with LMC's to be more pro-active in drumming up support from the patients and the public and we voted against planning to resign or similar.

Some of the other things that were discussed were:

- The respective committees of the four nations need to work together and to be represented at the LMC Conference.
- The GPC should work with the RCGP on a pilot of an accreditation process.
- Performance monitoring should be on national standards and not QOF.
- Salaried doctors should be supported whilst promoting the desirability of partnerships.
- Workforce planning for GP trainees should be introduced.
- The reduction in educator posts was opposed.
- There should be proper remuneration for trainers.
- Consideration should be given to GPs being more involved in the organisation of out of hours services.
- The GPC should resist the removal of MPIG without other provision.

Details of all conference resolutions and election results can be found on the GPC website at:

http://www.bma.org.uk/ap.nsf/AttachmentsByTitle/PDFnews10june2008/$FILE/GPCNews10_LMCConf08.pdf

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TEMPORARY RESIDENTS IN NURSING / RESIDENTIAL HOMES

The LMC Executive recently met with Hospital Trust laboratory managers, as part of the 'strategic rationalisation of laboratory medicine' process.

This proved to be an extremely useful meeting and the LMC Executive had the opportunity to express some of primary care's concerns with the current transfer of laboratory results.

However, the LMC Executive also listened to concerns from the laboratory managers and agreed to relay their concerns regarding laboratory investigations on nursing/residential home temporary residents.

It is most likely that problems arise because of discharge from hospital into step down beds and hospital avoidance schemes providing respite care etc.

It would appear that, on many occasions, results are being diverted to the wrong GP, either because the homes are filling in the wrong laboratory request form, or that the practice has not registered the patient as a temporary resident.

If the electronic transfer of laboratory results is to work successfully, it is essential that all temporary residents in homes are registered on the computer system so that laboratory results are received by the requesting doctor.

The laboratories have agreed to undertake an audit of nursing homes to assess whether there are recurrent 'offenders'.

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AREA PRESCRIBING COMMITTEE (APC) TERMS OF REFERENCE

Sheffield PCT is arranging a 'day out' to consider the APC's fitness for purpose. This will include a general overview of its current function, such as responsibility for the Sheffield Formulary, the traffic light drugs list and shared care protocols.

It is the intention of the National Prescribing Centre to interview key stakeholders, including the LMC Executive, prior to this exercise.

The LMC Executive feel that the Sheffield Formulary, traffic light drugs list and shared care protocols are all of considerable benefit to primary care, both as educational tools and as a means of protecting individual practitioners from prescribing drugs that they do not feel appropriately qualified to monitor.

The LMC would welcome emailed comments from GPs as to the relative merits of, or concerns with, the current system. Please email:

administrator@sheffieldlmc.org.uk

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INCORRECT DOSING OF ORAL ANTI-CANCER MEDICINES

Earlier this year the National Patient Safety Agency (NPSA) warned of potentially fatal outcomes if incorrect doses of oral chemotherapy drugs are administered.

They raised concerns that the risks of prescribing, dispensing and administration errors were potentially increased if the normal safeguards used for injectable anti-cancer medicines were not applied.

The NPSA recorded three deaths and over four hundred patient safety incidents concerning oral anti-cancer therapy between November 2003 and June 2007. Half of these reports concerned the wrong dose, strength, frequency or quantity of oral anti-cancer therapy.

The NPSA stated:

"There are greater demands made on non-cancer specialists to manage oral chemotherapy and increasingly this is occurring in the community so we are recommending that, where appropriate, safeguards in place when managing injectable chemotherapy are applied to oral chemotherapy".

A copy of ***Rapid Response Report - Risks of incorrect dosing of oral anti-cancer medicines*** and a document containing some of the related background / reference information are available at:

www.npsa.nhs.uk/patientsafety/alerts-and-directives/rapidrr/risks-of-incorrect-dosing-of-oral-anti-cancer-medicines

Key recommendations in the report include the requirement that chemotherapy is initiated by a cancer specialist and non-specialists who prescribe, dispense or administer on-going oral anti-cancer medication should have ready access to appropriate written protocols and treatment plans including guidance on monitoring and treatment of toxicity.

The Secretary of Sheffield Local Pharmaceutical Committee (LPC) suggests that where oral anti-cancer drugs are being prescribed by the GP, following initiation in secondary care, the pharmacists may need to contact the prescriber for confirmation of the dose. This may be by way of a request for a copy of the original treatment plan as issued by the hospital.

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FOCUS ON THE DYNAMISING FACTOR

This guidance note has been produced by the GPC to help GPs to understand the arrangements for the dynamising factor, which is applied to GPs' pensions.

This was updated in May 2008, following the BMA's success in the judicial review.

A copy of the guidance can be downloaded from:

- The GPC website at:

  http://www.bma.org.uk/ap.nsf/AttachmentsByTitle/PDFfocusdynamfactor0305update/$FILE/focusdynamfactor0305update.pdf?OpenElement&Highlight=2,Focus,Dynamising,Factor

- The LMC website at:

  http://www.sheffield-lmc.org.uk/guidance.htm

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PENSIONS – ILL HEALTH RETIREMENT

Message from
Andy Blake,
BMA Pensions Department

You will be aware from previous correspondence that there have been significant problems with regard to the implementation of the ill health retirement section of the NHS pension scheme regulations. The implications will affect the NHS pension schemes of the devolved nations.

The regulations themselves were agreed and signed off by DoH/NHS Employers/TUs in February on the very strict understanding that DoH would provide TUs with a memorandum of understanding

which explained the agreed policy intentions and also an agreement to incorporate these policy intentions into the scheme's medical advisors guidance.

We were given assurances at the time (both verbally and in writing) that with regard to meeting the criteria for tier 2 ill health retirement, members "could not reasonably be expected to work across a general field of employment" and that they would only be judged against "work of a broadly equivalent standard". These assurances were clearly very important in ensuring that our members would not have their application for tier 2 benefits rejected on the basis that they could do work requiring much lower skills, qualification and experience that bore no relation to the posts they had previously held. These principals formed part of the consultation document and the heads of agreement paper.

We expected the memorandum of understanding to be sent shortly after the meeting on 27 February. Despite several reminders it did not arrive until 11 June. Staff side were disappointed to note that the memo did not include the guarantees we were previously promised. During subsequent correspondence it became apparent that the use of the word "equivalence" was unacceptable to DoH solicitors, despite them having advised DoH officials throughout the meeting on 27 February. DoH then prepared a policy intention document (known as a provision definition) which again failed to provide the assurances we were seeking.

I attended a meeting yesterday where, in an attempt to make progress we submitted a revised version of the provision definition, containing the following two amended paragraphs (note that we were careful to avoid the use of the word equivalence):

4.10 The qualifications, capability, skills and experience of the member will set the boundary of the general field of employment. This would mean the expectation is not to reduce the employment status of the member by expecting the member to engage in work below their functional capabilities as a scheme member. By then focussing on the particular circumstances of the member, the general field can be narrowed to that which is proportionate and reasonable having due regard to the physical and mental health of the member and their capacity for engaging in employment for which they might otherwise be qualified.

4.11 It would not be reasonable to assess members as capable of employment which was not consistent with their capacity, having regard to their qualifications, capability, skills and experience and professional background, and the impact on the physical and mental health of the individual. The policy intention is not to compare a scheme member with higher skills and experience against lower skilled employment.

This amended version was rejected by NHS Employers/DoH. Bizarrely they still claim to stand by their previous written statement to the effect that with regard to meeting the criteria for tier 2 (the higher tier) ill health retirement members could not reasonably be expected to work across a general field of employment and that they would only be judged against work of a broadly equivalent standard.

The DoH and NHS Employers have reneged on the agreement that we made with them and have acted in a quite reprehensible way. There has, as you can imagine, been a complete breakdown in the relationship between the two sides and I cannot imagine how we can possibly progress this matter.

DoH have asked for the opportunity to revise the provision definition once more but myself and staff side colleagues have no faith in this redraft reflecting our agreement. It would seem inevitable that this matter will now be referred to Ministers by senior staff side representatives.

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GP TRAINEES SUB-COMMITTEE NEWSLETTER SUMMER 2008

A copy of the Summer 2008 edition of the GP Trainees Sub-Committee newsletter can be downloaded from the GPC website at:

http://www.bma.org.uk/ap.nsf/AttachmentsByTitle/PDFgptraineesnewsjul08/$FILE/gptraineesnewsjul08.pdf

The main topics covered include:

- Pay Changes from April 2008 (37th DDRB Report).
- Contracts of Employment in General Practice.
- Extended Hours.
- LMC Conference 2008.
- The National Conference for GPs to be 2008.
- Job Hunting and Employment Opportunities.
- Future Strategy Working Group.
- Tooke Report Update.

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Please forward any articles, comments etc for inclusion in the LMC newsletter to the LMC office via:

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Articles for the August 2008 edition of the LMC newsletter to be received ***by Monday 11 August 2008.***