

## April 2010

### BOUNDARY CHANGES

You will have all seen that in the dying days of the last Government they proposed the abolishment of practice boundaries and a bizarre 'free for all' system. Sadly it appears that all three main parties quite like this idea. The GPC believes that this could well be a very major issue for all of us following the next election. There is a consultation process in hand on the DOH website and we would strongly encourage every practice to respond to this. Once the dust settles after May 6<sup>th</sup> this is certainly something we will all have to watch very closely. It has the potential to destabilise traditional general practice permanently. Urban practices could be swamped with work and not have the capacity to cope with it and rural practices could certainly see all their fit and healthy patients transfer to practices near their place of work. Furthermore the issue of home visiting is yet to be resolved. There is a GPC document about this which does seem to outline some of the salient points.

### SUMMARY CARE RECORD

On 16<sup>th</sup> April the Minister abruptly put the roll out of the Summary Care Record on hold. There are ongoing meetings taking place between the BMA and Connecting for Health. The problems so far relate to the undue hastiness in the implementation of the Summary Care Record in PCT areas designated as accelerated roll out. The BMA/ GPC has ongoing concerns regarding the Summary Care Record including the consent model, and the effectiveness of the Public Information Programme. These have been repeatedly reported to Connecting for Health.

University College London is currently evaluating the process but it is understood that Connecting for Health are not minded to stall the roll out until this evaluation has been published. The BMA and GPC have demanded this. Connecting for Health have agreed that due to the process used for the accelerated roll out, engaging with the public and general practice has been insufficient at least in some areas. They have therefore agreed that further uploads will not happen in the accelerated roll out areas until this has been approved.

The current agreement is for uploads not to take place until patient and clinician awareness has been improved. There is also an agreement that the BMA will be involved in further discussion. Therefore there is no requirement on PCTs to stop engaging with practices nor to stop any publicity campaigns. However it seems unreasonable for PCTs to continue with this until they have received further information from the centre. We understand that is what is happening locally.

### ORTHOCARD

It has been brought to our attention that there is a new programme being jointly run by a charity called 'Joint Action and the British Orthopaedic Association' to produce an "Orthocard" to assist the alleviation of any embarrassment, discomfort or concern that may be experienced after orthopaedic intervention for patients going through security checks. GPs will be sent a form to complete for the patient to obtain the Orthocard. This has been discussed by the LMC and firstly we do not feel that there is real need for such a card. More particularly the guidance produced by Joint Action states that "the GPs Professional Fees Committee of the BMA has agreed that there will be no charge for this service". The later is factually incorrect. We have written to Orthocard to point out our unhappiness at their inaccurate advice.

### DEPOT INJECTIONS IN PRIMARY CARE

In one part of the county we have been made aware that practices are being asked to take over regular depot medication for long term stable mental health patients. Practices have been told that there is a shared care agreement in place for this but apparently have been unable to produce this document. This issue has been raised before and we have written again to the Mental Health Trust asking whether or not there is a policy for the transfer of such patients. This clearly has significant resource implications for primary care and we would suggest for the time being practices do not take on this additional and unfunded work. We will be seeking clarity and will advise practices of the outcome in due course.

### NEW GP AND PHARMACY GUIDES PUBLISHED

The NHS Employers organisation, the GPC and the Pharmaceutical Services Negotiating Committee have produced two guides to support GPs and community pharmacists in developing more effective working relationships. The guide to pharmacy for GPs is designed to increase awareness of the work of community pharmacies and may be beneficial in educating trainee GPs about community pharmacy. The second guide provides an overview on general practice for community pharmacists. These guides are available online only at the following link:

<http://www.nhsemployers.org/PayAndContracts/CommunityPharmacyContract/Pages/professional-relationships-guides.aspx>

### REVALIDATION CONSULTATION

The GMC has launched a major public consultation on their proposals for revalidation of doctors. The consultation entitled 'Revalidation: the way ahead' is a step towards introducing revalidation for all practice doctors in the UK. You can find all relevant documents at

[www.gmc-uk.org/thewayahead](http://www.gmc-uk.org/thewayahead) . We would strongly encourage as many GPs as possible to take time to look at this and complete this consultation process. There are still a great many anxieties about the level of bureaucracy involved in this new process. It is still far from being fit for purpose and this consultation exercise is certainly very important.

#### **LMC OPEN MEETING**

Provisionally we have organised an open meeting on the 20<sup>th</sup> May to meet with Lynda Dando, Head of Primary Care and Dr Jonathan Leach, Medical Director at the PCT. The purpose of this meeting is for them to present the PCTs Primary Care Strategy, in particular to look at issues like PMS reviews, enhanced service reviews and the wonderfully entitled 'QIPP' programme. Details are being finalised and we will send those out separately. We would like to suggest a representative from each practice attends so that you can be made very much aware of the current agenda. The LMC and the PCT have been working very closely on a number of issues relating to these matters and believe that a sensible and pragmatic approach is being taken which we hope practices will support. There is no doubt whatsoever that we are in for a financially very difficult time and that all these areas will be very closely scrutinised by the SHA and the finance department.

#### **WORCESTERSHIRE LMC WEBSITE**

The following guidance has been added to the LMC website during the last month:

##### **BMA/ GPC guidance:**

[News 8 - April 2010](#)

[News 8 - Appendix 1 - salaried GP seminar form](#)

[News 8 - Appendix 2 – conference parking pass and information](#)

[News 8 - Appendix 3 - Media report](#)

[Guidance on the Summary Care Record](#)

[Focus on the new tax bracket](#)

##### **BMA / NHS EMPLOYERS guidance:**

[DES for H1N1 vaccination programme – JCVI priority groups – 30<sup>th</sup> June 2010](#)

##### **NHS guidance:**

[The National Health Service \(Pharmaceutical Services and Local Pharmaceutical Services\) \(Amendment\) Regulations 2010](#) (comes into force on 24<sup>th</sup> May 2010)

[The NHS \(Performers Lists\) Directions 2010](#) (came into effect from 1<sup>st</sup> April 2010)

[The Health and Social Care Act 2008 \(Regulated Activities\) Regulations 2010](#) (came into force from 1<sup>st</sup> April 2010)

**The next LMC meeting will be 13th May 2010**