

May 2010

LMC/ PCT OPEN MEETING – 20th MAY

The LMC was very pleased to see so many of you at our recent open meeting. We hope that the presentation of the Framework for Commissioning Contracting was useful and explained to people how these areas are being approached by the PCT. You should have all had copies of the presentation sent to you directly by the PCT and we know that practices have been contacting them directly. The LMC very much welcomes feedback from practices about the strategy that was outlined and any concerns or queries that you may have. Work will continue at the GMS/ PMS Sub- Committee and in particular ongoing work is looking at Treatment Room LES; Minor Surgery and IUCD's/ Mirena's/ LARC.

MEMBERSHIP OF THE COMMITTEE

Dr Vic Schrieber has retired from general practice and so his seat as one of the elected members for Wyre Forest has become vacant. It was agreed at the last LMC meeting that Dr Lynne Butcher would take over this place having previously been co- opted onto the committee. The committee then co- opted Dr Schrieber back onto the LMC in his capacity as Associate Dean for GP Education in Hereford & Worcestershire.

ISSUES FROM THE LAST LMC MEETING

At the last LMC meeting Jane Freeguard attended and there was a long discussion regarding prescribing issues and forthcoming budget notification letters. The committee felt that if rationing of prescribing was needed this should be an explicit documented process which would involve all practices. The committee felt that in the current financial situation explicit open honest rationing policies could and should be produced. The committee was informed that Dr Frank Morgan has been appointed as the new Clinical Governance Lead and we will be looking forward to discussing some issues with him in due course.

Dr John O'Driscoll our representative on the Out of Hours Scrutiny sub- committee has reported back on a number of issues and the committee will have a presentation from Harmoni at the next LMC meeting. There are a number of significant areas of concern, notably the continued problem filling all the shifts in the Out of Hours Service. We will be expecting the Care Quality Commission Report about TCN any day.

We understand via the Worcester Practice Managers group that Jeannette Giles at the PCT is particularly asking for feedback of the QOF reviews. Each year the PCT looks at the QOF reviews and then organising a meeting to review QOF visits and protocols for the coming year. Your feedback is very welcome.

DOWN'S SYNDROME SCREENING PROJECT

The LMC has been informed that the local Obstetric Services will be advising practices that from 1st June 2010 they will be replacing the triple test with a quadruple test and to phase in combined screening. Combined screening is a nuchal scan along with a dating scan and a serum screening between 11 and 13 +6 weeks and will be offered to women aged 35 years and above and for women with pre- existing diabetes from the 1st September 2010. It is anticipated moving towards offering combined screening to all women in future. The National Screenings Committee policy states that Down's Syndrome Screening Programme are expected to achieve a detection rate of 90% or more by 1st April 2011. In order for this to be achieved it is very important that all pregnant women are referred to the Trust early, late bookers will miss the screening. We would like to suggest that all practices review their policies to ensure all women are booked and referred early.

NEW GOVERNMENT, NEW NHS POLICIES

As you are aware we have only one of our former MPs re- elected in Worcestershire and five new members. The LMC has been in contact with all of them and has already arranged to meet with some of our new MPs. It is not yet clear what the new Government will do and how many of the existing Conservative policies will be continued, no doubt this will all become clear in the coming weeks and months. In April the GPC published a 50 point plan for the future of General Practice called 'Fit for the future'. This is available from the LMC. We sent copies of this to all MPs and will try and re- establish the good working relationship we had with former Members of Parliament. The LMC in this respect sees its role as trying to convey a local view on both national and local policies. Clearly the financial situation will involve cuts and restrictions in services. The LMC will want to ensure that these are done in the most sensible and practicable way. We have already been made aware of changes being muted to District Nursing Services. There has been no consultation with primary care on this as far as we can see. That is inappropriate and we have already written saying so. The LMC and GPs as a whole operate in the real world and if nothing else are pragmatic people. We entirely recognise that large financial savings will have to be made but we will not stand by and watch bad decisions and policies be implemented.

GENERAL PRACTITIONER COMMITTEE WEST MIDLANDS

At the recent AGM the committee were dismayed to learn that Dr Grant Ingrams, our Secretary has now decided it is time to stand down. Grant has fulfilled this role wonderfully for the last 10 years and will be hugely missed. For the time being Dr Fay Wilson has agreed to take over his

role but the committee is looking for a new Secretary. The whole of the GPC West Midlands conveyed their sincere thanks to Dr Grant Ingrams for his sterling efforts over the years.

PATHOLOGY USER INTERACTION SUBCOMMITTEE MEETING

27TH APRIL 2010

It was an encouragement to take up representation on behalf of the LMC at this meeting and find such a commitment to working together across disciplines to facilitate our clinical role as GP's. I hope that like me you feel you receive an excellent service from our local labs, but if there are any points that you want to see changed then please do let me know on davidflaw@nhs.net. Recently the committee has been working to make sure that all major practices receive two courier collections a day in order to facilitate timely specimen collection and reporting. Do let me know if your needs are not being met. The group would also be willing to consider requests for evening or weekend collections to support extended hours though recognise a need to be realistic about the financial constraints of the coming year. There are some fairly simple and cheap adjustments that practices could make to really help the labs: all requests should have some clinical details – this helps the lab to help you; could phlebotomists using computer- printed forms put biochemistry and haematology tubes in to separate specimen bags with their respective forms folded to show the destination lab; and could those who fax forms to nursing homes try and check that the quality of the resulting form is easily legible – if not then the home needs to rewrite the requests or, perhaps easier for them, buy a better fax machine! Just a reminder too that ferritin goes to biochemistry and B12 / Folate to haematology.

Dr David Law

WORCESTERSHIRE LMC WEBSITE

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

BMA/ GPC guidance:

[GP Patient Survey – update April 2010](#)

[News 9 - May 2010](#)

[News 9 - Appendix 1 – Media Report](#)

The next LMC meeting will be 3rd June 2010