

# WORCESTERSHIRE LMC LTD

## NEWSLETTER

JANUARY 2012

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### CQC REGISTRATION

The LMC is concerned to learn that some practices remain really quite worried about the forthcoming CQC registration. We are even more concerned when we were informed that some practices have spent money on this process. We strongly reiterate our previous advice that now is the time not to do anything. There are clearly a lot of CQC myths and these are slowly being resolved.

GPC representatives are holding regular meetings with CQC regarding the delayed registration for the majority of providers until April 2013. The basic standards for registration are established but CQC have indicated that they wish to implement a compliance monitoring process that is proportionate and appropriate for general practice. This will be piloted later in the year. Further work is taking place on the registration process. We understand that a joint statement is to be produced between the GPC and the CQC for release soon.

The LMC has already been in contact with the CQC about organising an evening meeting to advise practices about this. This meeting is provisionally scheduled for Tuesday, 12<sup>th</sup> June 2012 and will be open to GPs and Practice Managers.

We understand that some of the anxieties about this may have led from discussions that have taken place at appraisal and we have raised that with the PCT. We also understand that some practice managers have been expressing concern that they seem to be given the whole task to do. Clearly the lead within the practice will have to be a clinical lead and so one partner will have to sign off the process and take ultimate responsibility for this. It may well be appropriate at this stage for practices to identify which partner will be the lead for this and start reviewing existing protocols and documentation with their practice manager. At this stage we would not recommend any further action or use of templates. Further guidance will be produced in due course but we would remind you that implementation is not scheduled to start until after practices begin registering in April 2013.

If you have particular queries about this please do not hesitate to contact the LMC office.

### SHOTGUN CERTIFICATES

The LMC has had further discussion about the issue of firearms licenses. Previously we have advised that practices may well choose to have a policy whereby the practice does not endorse an application for firearms. It might be that there are individual doctors within the practices who do feel able to sign such certificates, particularly if they have special knowledge of the patients or maybe are members of the same shooting club. That does not seem inappropriate but in these cases perhaps it should be made clear that these doctors sign such paperwork on their own back, privately and not as members of the practice.

The second issue we discussed relates to receipt of letters from the police informing doctors that they are minded to grant or renew a certificate. The first thing we would advise is that these letters should be filed in the patient's record. Secondly we would suggest that if doctors feel there is anything in the medical record that might be of concern

they should flag this up to the police. Such comments however should be matters of fact from the record and not speculative regarding the suitability of a patient to hold a firearms license. Again if you have any particular issues about this please contact the LMC.

### **CYTOLOGY TRAINING**

We hope that you have all received separately a copy of the letter from Dame Barbara Hakin about the requirement for Cytology training. This is a useful document to have available and it has been put on the LMC website. You can find it [here](#).

### **NHS 111**

The LMC remains alarmed at the imposition of NHS 111 across the country. Whether or not you believe this is a good idea is somewhat irrelevant as it is going to happen! Perhaps more alarmingly is it is going to happen as one service across the whole of the West Midlands with little or no ability to change it for each locality. We are well aware that colleagues in Shropshire are very concerned about this as they believe it could seriously undermine Shropdoc, which is the GP run out of hour's service that they value greatly. We have expressed on a number of occasions our concern that this new centralised triage system could have significant impact on our own out of hours service and indeed workload. Comments have been fed back but frankly these have been to no avail. Further information should be due in the next few weeks and we will inform practices about this.

### **REVALIDATION**

As you will all be aware the GMC has written to all practitioners outlining their proposals with a document "Ready For Revalidation With One Year To Go". If you haven't studied this we would encourage you to review this and in particular to set up a GMC online account. Details can all be found on the GMC website under revalidation.

Nationally there remains still a lot to be clarified about this and in particular the key issue of remediation. The Department of Health Steering Group on remediation has published a report setting out a number of recommendations. We understand this has also looked at issues regarding funding of remediation and indemnity cover.

Nationally we are aware that a number of organisations seem to be jumping on the bandwagon in a similar way to CQC registration. At this stage we feel that practitioners in Worcestershire need to continue with their normal appraisal process and nothing else. The only area that practices may need to clarify and look at further are significant event reporting. This will be an important part of the revalidation process and needs to be documented appropriately. There is GMC guidance on this area. Again over the coming months a great deal more detailed information will be made available to practices.

### **SESSIONAL GPs**

The BMA have produced guidance with the aim to share some of the models of good practice, successful ideas and to raise awareness about pitfalls. Sessional GPs may experience professional isolation and reduced access to education, clinical information and career opportunities. Newly qualified GPs and GPs new to an area are particularly vulnerable to this. Whilst newly qualified GPs now have access to a range of 'First5' initiatives, sessional GP groups have the advantage of putting younger GPs in contact with more experienced GPs. Sessional GPs groups have been recognised as providing invaluable peer support for sessional GPs, with groups offering a range of services and benefits, including educational and social meetings, electronic mailings systems for vacancies and educational events. Models differ but there are some common themes and challenges.

This guidance aims to share some of the models of good practice, and successful ideas and raise awareness about pitfalls and is [available on the BMA website](#).

### **CENTENARY DINNER**

We have written out to all practices again regarding the Centenary dinner. Originally we organised this for the 27<sup>th</sup> January at the Rugby Club in Worcester but due to limited numbers this had to be cancelled. Therefore we thought it would be very nice if we combined the LMC annual dinner with the Centenary dinner. The LMC traditionally has had an annual dinner every year where all the members meet with some invited guests. This year we would like to do something slightly different to celebrate this rather special milestone and have a combined dinner for the Centenary and annual dinner. Therefore we have arranged to have the dinner on Tuesday, 21<sup>st</sup> February 2012 at the Fownes Hotel in Worcester. The dress code is smart dress and not black tie as previously mentioned. If you would like to attend please email the LMC office on [mhallahan@woreslmc.co.uk](mailto:mhallahan@woreslmc.co.uk) as soon as possible.

### **EXTENDED GP TRAINING**

The Committee of General Practice Education Directors (COGPED) has produced a paper suggesting extending GP training to 4 years. This paper unfortunately has not included details of how this extension might be funded and we understand it has been suggested reduction in trainers grants may go towards this. The GPC has discussed this in addition to some local email communication about this and has rejected this proposal. Whilst it may well be educationally beneficial for this to happen it should not do so unless appropriate funding is funded in advance. The GPC have written to COGPED and the RCGP clearly detailing the views of the committee and urgently seeking discussion to establish an appropriate way forward.

I know there has been some anxiety among some trainers locally about these possible proposals. COGPED seems to have jumped the gun.

### **WORCESTERSHIRE LMC WEBSITE**

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

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

[Commissioning Update – January 2012](#)

[Focus on Travel Immunisations updated](#) – December 2011

[GPC News 6 – January 2012](#)

[GPC News 6 – Appendix 1](#) – GPC Staff Structure

[GPC News 6 – Appendix 2](#) – Regional Structure

[GPC News 5 – December 2011](#)

[GPC News 5 – Appendix 1](#) – DH letter on Cervical cytology training for GPs

[Guidance on Clinical Commissioning Group Constitutions](#)

[NHS Reform / Commissioning documents update](#)

Please note there are new documents available on the BMA website

# **WORCESTERSHIRE LMC LTD**

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Lisa Luke, Representative R&B PM  
Jim Waits, Representative SW PM

**Local GPC Representative:** Dr S Parkinson

**THIS NEWLETTER IS PRODUCED FROM THE LMC OFFICE AT  
ST STEPHENS SURGERY**

**The next LMC meeting will be 9<sup>th</sup> February 2012**