

## Newsletter – October 2011

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### PLT Attendance

The PCT / Clinical Commissioning Group (CCG) have expressed concern about non attendance at PLT by some practitioners; their concerns are firstly around non attendance by any members of practice teams who have signed up to be present and secondly around practices habitually being poorly represented at PLTs despite accepting the emergency cover.

Given that a cost per head is incurred the LMC supports the view that in the absence of extenuating circumstances, practices should be recharged for 'no shows' - we understand the charge will be in the order of £20-£30.

The second issue is trickier; PCT/CCG held the view that as they were providing cover they could reasonably expect nearly complete attendance. The complexities of practice: seasonal demand, part-time working, annual leave, illness and so on made this impractical. It also ignores practices own heavy financial contribution to PLT by releasing team members and by picking up the non urgent work not covered by Care UK on Thursday afternoons.

We are looking for compromise.

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### 111 Service

Members discussed the introduction of the new 111 service, which will replace the existing NHS Direct service to be decommissioned in 2013. Locally the service will be commissioned across Yorkshire and Humberside as a minimum specification with 'bolt-on' functionality.

The basic national specification will include:- a freephone number, including free calls from mobile phones, an appointment booking service, ambulance despatch without delay, and clinical triage – although call handlers would not be clinical staff, and would follow algorithms to triage calls rather than offer advice.

Examples of possible 'bolt-on' services discussed at LMC included transfer of triage information, GP electronic appointments system and whole of out-of-hours service run by 111.

Please let us know what additional services you'd like to see in the local specification, and we'll feed this back to the PCT/CCG.

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## Breathing Space Medical Cover

GPs have raised concerns with us about being asked to attend Breathing Space to provide cover, including issuing death certificates and providing prescriptions for medication.

We feel that this should, whenever possible, be done by the doctor /consultant at Breathing Space as would happen at the hospital. There was discussion about whether Breathing Space was defined as a hospital or not as it was originally designed as a rehabilitation centre and its use had changed over time. We are in discussions with their management about this.

Would constituents please let us know of any examples of when you have been called.

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## Choose & Book – contingency planning information

Recent guidance has been received outlining various options on what to do if choose and book is unavailable.

[http://www.rotherhamlmc.org/Publications/Choose\\_and\\_Book\\_Contingency\\_planning.pdf](http://www.rotherhamlmc.org/Publications/Choose_and_Book_Contingency_planning.pdf)

Members thought this was overly complicated and thought GPs would not use it if the system did not work.

The advice from the LMC therefore is that if Choose and Book wasn't working then it would be reasonable to revert to a paper-based system.

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## Memantine shared care protocol

In case you have had letters from RDASH asking you to take over Memantine prescribing, there is a shared care protocol (SCP) and integrated care pathway (ICP) in development but this has NOT been agreed as yet and there has been some confusion with them over this and they have started writing out to practices about this!

If you do receive letters from RDASH asking you to prescribe Memantine DO NOT prescribe it and refer these back to them to prescribe. Once the SCP and ICP have been agreed this information will go out to practices letting you know when practices will be required to take on this prescribing. RDASH have been informed of this and so if you have had letters you shouldn't receive anymore.

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## CQC Registration

Just a reminder that the registration application process commences 1<sup>st</sup> October 2012 and should be completed by 1<sup>st</sup> April 2013.

The GPC was updated on developments regarding CQC registration for primary medical services providers. Subject to parliamentary approval, the Department of Health has formally announced a delay to the CQC registration of GP practices, including NHS walk-in centres, until April 2013. Out-of-hours providers that are not GP practices looking after their own registered patients will still have to register in 2012. The CQC will shortly be sending out letters to both groups of

providers with further details. The GPC remain of the view that the compliance requirements on GP practices need to be radically reduced, and are continuing to lobby the CQC and other stakeholders to ensure that this occurs.

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## E-mail

Use of e-mail has been debated a number of times recently at LMC and we draw your attention to the following: -

(1) NHS Rotherham are considering options for the future provision of their e-mail system. One option was a move to NHS mail but there had been no decision yet due to NHS Mail capacity issues.

(2) There is an ever increasing misuse of the 'e-mail all GPs' facility resulting in unnecessary and frivolous circulation of messages. After discussion with the LMC the CCG have agreed to review and screen outgoing messages in an effort to reduce these messages. Please let us know if problems persist.

(3) Practices are reminded also to please notify NHS Rotherham when GPs join and leave your practice so that accurate records can be established.

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## Guidance on Locum Agreements

The LMC endorse the guidance issued by BMA recently on locum arrangements.

The locum agreements guidance is for both locum

GPs and the practices who engage them. It is aimed at locum GPs to help them put together written agreements with the practices for which they work, and should also be of interest to practices who engage locums. It assumes that the arrangements made will reflect the locum's status as a self employed GP, and that the agreement will be a contract for services, rather than a contract of service, which would apply to an employee.

The link is to the BMA site which is password protected as the document is only available to BMA Members.

[http://www.bma.org.uk/employmentandcontracts/employmentcontracts/sessional\\_gps/locumagreements.jsp](http://www.bma.org.uk/employmentandcontracts/employmentcontracts/sessional_gps/locumagreements.jsp)

## Health & Wellbeing Boards

This new guidance discusses the government's proposals to establish Health and Wellbeing Boards, as outlined in the Health and Social Care Bill. The guidance highlights issues for GPs to consider and how to ensure that they are engaged in the establishment and operation of their Health and Wellbeing Board.

[http://www.rotherhamlmc.org/Publications/111013\\_Health\\_and\\_Wellbeing\\_Board\\_s.pdf](http://www.rotherhamlmc.org/Publications/111013_Health_and_Wellbeing_Board_s.pdf)

## MRSA Management Protocol

Members discussed the new protocol. The default position of the algorithms appeared to be to direct patients to their GP or practice nurse! There

were concerns that the boundary between practice nursing and district nursing were blurred within the protocol, and it was argued that this was not really a matter for general practice at all. The LMC have invited Prof. Walid AL-Wali, Chief Medical Officer at Rotherham Hospital NHS FT to a future LMC meeting to discuss further.

## Vault cytology

Following discussions in 2010, the Advisory Committee for Cervical Screening has written to GPC to reconfirm their views that the responsibility for follow up care of women who require vault cytology lie with their gynaecologist, not their GP. The Advisory Committee and the British Society for Colposcopy and Cervical Pathology (BSCCP) agreed that gynaecological clinics were the best place for cytology samples to be taken. There is still some flexibility in that GPs who wish to continue this practice, can do so on a case by case basis in agreement with their local gynaecologist. However there is no contractual requirement for GPs to do this work. *The GPC recommends that this should be an exceptional situation and GPs should not be pressured to undertake the recall and continued surveillance for women whose indication for ongoing vault smears will have been a malignant diagnosis.*

Full guidance can be found in '[Colposcopy and Programme Management - Guidelines for the NHS Cervical Screening Programme, Second edition](#)'.

The GPC have raised concerns that these guidelines could be interpreted ambiguously on the follow up of women who had undergone hysterectomies, with the risk of inappropriate delegation to GPs, and the guidance will be amended accordingly.

## Attendance at Meetings

Constituents are reminded that they are always welcome to attend meetings of the LMC as observers. The Committee meets on the second Monday of every month in the Board Room at Rotherham General Hospital

## OFFICERS OF THE LMC

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**NEXT  
LMC MEETING  
MONDAY  
14th NOVEMBER  
COMMENCING  
AT 7.30 PM**

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