

## Newsletter – July/August 2012

### Alteration in referrals to haematology

LMC Members discussed correspondence from Dr Kitlowski from the Rotherham Clinical Commissioning Group (CCG) regarding the alteration in referrals to haematology to come into effect from 1<sup>st</sup> August 2012. The proposal was for referrals via e-mail only. The change seemed to stem from a large number of referrals received on which the haematologists thought unnecessary.

There was concern that no discussions had taken place between the LMC and CCG/Reference Committee. Following a lengthy discussion between the CCG and the LMC a compromise has been reached over haematology referrals. **We have agreed that the email referral system will run in parallel with the current Choose and Book system. This will continue until we are all happy that the many issues around an "email only" system have been addressed. If you or your practice are happy to proceed with the new system or would even prefer to use it then by all means engage, but please be aware of the significant governance issues involved and possible workload implications. The RCGG is happy for the continued use of Choose and Book in the practices which are not confident to proceed with email referrals. If you have**

any queries please contact either Julie Kitlowski or Adrian Cole.

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### LES for the transfer to and delivery of some secondary care services in general practice

At the last LMC Dr Cullen from CCG spoke about the above proposed LES (subject to CCG agreement), the first component of which was the post-operative follow-up of the removal of sutures. The CCG were seeking LMC support in encouraging all practices to sign up to the LES. It was noted that practices would be signing up to a collective approach/principle and not signing up to provide each component. i.e. Within the LES practices would make their own arrangements for delivery with neighbouring practices.

The LMC acknowledged that if a Rotherham-wide agreement was not reached that the alternative would inevitably be a service delivered by 'any qualified provider' As such, the CCG did not wish to have to negotiate individually with practices, but rather with the LMC as representative of practices as providers. It was noted that this was an opportunity to bring resources into practices for

services which would be transferred anyway.

**The LMC commended the proposal, were supportive of its aims, and agreed to negotiate the terms on behalf of Rotherham practices. A further meeting is planned for 30<sup>th</sup> July and the medical secretary will write to all practices thereafter with final details.**

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### Protecting children and young people: the responsibilities of all doctors

The GMC has issued new guidance to every doctor in the UK to help them protect children from abuse or neglect. The guidance underlines the duty on doctors to act if they are concerned that a child or young person is at risk. It provides detailed advice for doctors on information sharing, consent for child protection examinations, acting as a witness in court, and where to turn for support.

The guidance will come into effect on 3 September 2012. Doctors will receive a copy in the post but an electronic version can be found at

[www.gmc-uk.org/childprotection](http://www.gmc-uk.org/childprotection).

**A report was discussed on GP attendance at Initial Safeguarding Children Conferences at the last LMC in which a significant number of GPs were failing to engage in the process.**

**Members agreed that GPs *must* respond to calls for reports or attendance at initial child protection conferences. Even where there was no link with the child in question a reply must be given. It was felt that 5 working days to respond to a request and 10 working days to produce a report were sufficient notice.**

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### **111 Service**

A draft of the proposed local 'directory of services' has been passed to us. Much seems sensible though we discussed the 'dispositions menu' of the In-hours GP template for NHS 111 regarding primary care response times. Locally, we've tended to point towards the RCGPs various marks of excellence - that require appointments to be available within 48 hours - as a good standard for GP appointment availability.

**The RCCG representative agreed to take forward our recommendation.**

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### **NHS pensions**

The BMA is suspending plans for further industrial action and joining other health unions in talks with the government about the details of the changes to the NHS pension scheme.

In particular, it wants to engage fully in a review of the impact of working longer,

and in consideration of the proposed increases to contributions and how they relate to the system of tiering that exists in the scheme and the unfair treatment of the NHS scheme in comparison with other public sector schemes.

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### **GMC Guidance: Continuing professional development**

The GMC has launched new guidance: [Continuing professional development: guidance for all doctors](http://www.gmc-uk.org/education/continuing_professional_development_guidance_for_all_doctors).

It is hoped doctors will use it to reflect on how their learning and development improves the quality of care they provide to patients and for the service in which they work.

You can find out more about the GMC's professional development support here:

[http://www.gmc-uk.org/education/continuing\\_professional\\_development/cpd\\_guidance.asp](http://www.gmc-uk.org/education/continuing_professional_development/cpd_guidance.asp)

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### **Vaccine Update - June 2012**

The Department of Health published their vaccine update for June, which you can access at this link:

<http://immunisation.dh.gov.uk/vu-190-jun-12/>.

This update contains useful information on:

- HPV immunisation programme - change of supply from Cervarix to Gardasil from 1 September 2012;
- Flu vaccination uptake reports for Winter 2011/12

- Process of ordering of vaccines through ImmForm.
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### **Guidance on identifying services that should not be provided by GPs**

On several occasions over a number of years, the GPC have been made aware of GPs being asked to provide services to patients residing in institutions or homes where the types of services expected do not fall under the responsibility of primary care. There appears to have been an increase in the numbers of such cases recently. With this in mind, they have put together revised guidance to help GPs decide whether or not the treatment they are providing in institutions and residential homes falls within the remit of standard primary medical services contracts.

The guidance is available here:

<http://bma.org.uk/practical-support-at-work/doctors-as-managers/managing-your-practice>.

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### **CQC registration**

The CQC are sending out letters to primary medical services providers registering with them by April 2013, inviting providers to set up an online account on their website. As part of this process, providers will be asked to pick a 28 day window between September and December 2012 for submitting their application form.

Providers who have not received a letter by the end of July, and who think they

should register, should contact Sue Cassin at [sue.cassin@rotherham.nhs.uk](mailto:sue.cassin@rotherham.nhs.uk)

Or the CQC at [2012registration@cqc.org.uk](mailto:2012registration@cqc.org.uk).

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### QOF FAQs

Joint BMA and NHS Employers guidance on QOF frequently asked questions for 2012/13 has been published on BMA and NHS Employers websites at the following web page:

<http://www.nhsemployers.org/PayAndContracts/GeneralMedicalServicesContract/QOF/Pages/QualityOutcomesFramework.aspx>

These FAQs are for primary care organisations and general practices and apply across all four countries, covering a number of historical issues and commonly asked questions.

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### RCGP Course in Minor surgery for GPs

10<sup>th</sup> & 11<sup>th</sup> October 2012

Course Director Dr Vijay Kumar, FRCS, DRCOG, MRCP, Dip Lap Surgery.

To be held at Holiday Inn Rotherham, West Bawtry Road, Rotherham, S60 4NA. £450 for RCGP members (otherwise £490)

Course content includes Basic surgical technique (including instruments, sutures, needles and suturing), Approach to skin lesions diagnosis and treatment Joint and periarticular injections. Diagnosis and treatment of

cysts, lipomas and ingrowing toenails.

For more information contact Laura Reid, RCGP Sheffield Faculty, Bank Quay House, Sankey Street, Warrington, WA1 1NN. Tel: 01925 646310

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### GPC News – July 2012

The latest newsletter is now available. Visit our website to read this issue.

<http://www.rotherhamlmc.org/guidance.htm>

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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 (except August) in the Board Room at Rotherham General Hospital

If you have any questions or agenda items please contact the LMC office.

### OFFICERS OF THE LMC

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**NEXT**  
**LMC MEETING**  
**MONDAY**  
**11<sup>th</sup> SEPTEMBER**  
**COMMENCING**  
**AT 7.30 PM**

**DISCLAIMER**

The content of this newsletter is confidential and intended solely for GPs and Practice Managers in Rotherham.

Rotherham LMC does not provide individual legal or financial advice but provides general guidance and support for the benefit of GPs and their practices in Rotherham

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**More information on the work of the LMC can be found on our website at:**

[www.rotherham.lmc.org](http://www.rotherham.lmc.org)