In this month’s LMC news:
Click on the links below to be taken directly to the news item of your choice

Newsflash!

1. Swine flu outbreak – important message from your LMC
2. The 2009-10 GMS contract agreement – update from the GPC
3. QOF changes – your quick guide!

Local news

4. 0844 telephone numbers
5. Motions to the annual conference of LMCs

General news

6. Employment checks – an update
7. Londonwide LEAD (Learning Education and Development) – upcoming events
8. Freedom of information Act (FOIA)
9. Best practice guidance for the assessment and management of vascular risk
10. Online toolkit to help identify older people with depression
11. GPs to be revalidated online
12. ‘Two thirds’ of GPs sign up for IGSoC
13. Locum work and superannuation
14. NHS unveils plans to slash its carbon footprint
15. Ovarian cancer – key messages for health professionals
16. General Practice Nurse (GPN) career pathways
17. Courses of interest

1. Swine flu outbreak – important message from your LMC
You will be aware from media coverage that human cases of swine influenza A (H1N1) have been reported in Mexico and certain areas of the United States of America. This is an evolving situation and it is likely that more countries will be affected.

We have produced outline guidance which is on our website. Please note that this is only outline guidance and you must be guided by advice from the Chief Medical Officer (CMO), Health Protection Agency (HPA) and the Public Health Department of your PCT.

Our website will be updated on a regular basis and we will keep you informed via regular email alerts.

2. The 2009-10 GMS contract agreement – update from the GPC
You have all received a letter from the General Practitioners Committee (GPC) setting out the details of this year’s modest increase in funding for General Practice. The Department of Health (DH) has sent further clarification to Strategic Health Authorities (SHAs), and through them to PCTs, for both GMS and PMS practices.
Londonwide LMCs considers the increase in resources for the majority of practices as very unsatisfactory, not least taking into consideration the projected losses for many London practices as a result of QOF prevalence changes. We will continue to lobby for a better deal for London’s GPs and their practice teams.

3 **QOF changes – your quick guide!**
Here is a quick guide to the latest Quality and Outcomes Framework (QOF) changes for your information. Our thanks go to Dr James Heathcote from Bromley LMC for this helpful guide.

- **Heart failure**: cautiously try bisoprolol, carvedilol or nebivolol for patients with heart failure due to LVD and on an ACE-i or ARB (or exception report). HF indicator 4, 9 points (threshold 40-60%)

- **CKD register**:
  a) Give an ACE-i or ARB (or exception report) patients on CKD register with hypertension and proteinuria. CKD indicator 5 (extra points awarded) now 9 points (threshold 40-80%)
  b) Check the urinary albumin: creatinine ratio or urinary protein: creatinine ratio every 15 months. CKD indicator 6, 6 points (threshold 40-80%)

- **Contraception**: Give advice on long acting reversible contraception (Mirena/Implanon) to female patients on the pill (4 points (threshold 40-90%)) or given emergency contraception (3 points (threshold 40-90%)). SH indicators 2 and 3

- **Depression**: Administer PHQ-9, HADS or BDI-II for a **second time** after 5-12 weeks for patients with depression. DEP indicator 3 (20 points (threshold 40-90%))

- **Primary prevention**: Do an agreed **cardiovascular risk assessment** within 3 months of diagnosing hypertension (8 points (threshold 40-70%)) and **offer lifestyle advice** on physical activity, smoking, alcohol and diet (5 points (threshold 40-70%)). PP indicators 1 and 2, primary prevention of CVD

- **Diabetes**: new, **lower HbA1C targets** of 7, 8 and 9 %. DM indicators 23, 24 and 25: Indicator 28 existing + 7 new points

- **COPD**: administering the **MRC dyspnoea score**. COPD indicator 13 (9 points but replaces COPD indicator 13 – inhaler technique (threshold 50-90%))

Further information and advice on read coding is available from the [QOF guidance for GMS contract 2009/10](#).

4 **0844 telephone numbers**
On 3 April 2009, Ms Mazzie Sharp, Director of Primary Care Strategy, attended the Haringey Health Check Conference on behalf of Haringey LMC. This was hosted by the Haringey Overview and Scrutiny Committee. The feedback from the public at that meeting relating to primary care services in Haringey was good although there were some concerns about the use of 0844 numbers by some practices. There is currently national unhappiness amongst the public about this service. In the light of this, your LMC would strongly advise you against signing a new 0844 contract at this stage.
5 Motions to the annual conference of LMCs

The following motions have been submitted by Haringey LMC for inclusion in the agenda for the 2009 LMC Conference:

- That Conference supports the model of partnership as the gold standard of delivery of general practice, and
  (i) notes with dismay and concern the increasing lack of partnership prospects across the UK;
  (ii) calls upon RCGP, GPC together with MEE to develop an urgent strategy to address the lack of incentives with immediate effect.

- That Conference supports a broad choice of GP career paths and condemns the current climate of limited career progression available to those who seek it.

- That Conference
  (i) condemns the lack of transparency on the part of some PCOs of promising ‘patient choice’ whilst restricting GPs’ ability to implement it through referral schemes and health resource group directives; and
  (ii) calls upon the GPC to campaign to allow GPs to be able to exercise their own clinical judgement and act in the best interests of patients.

- That Conference mandates GPC to negotiate for increased practice maternity locum reimbursement to reduce the financial burden on practices and improve employment prospects for female GPs.

- That Conference notes the importance of recognising a GP trainee’s educational need and experience when allocating a training programme and calls on COGPED urgently to address, where possible, training programme flexibilities to maximise learning opportunities and to reduce duplication of experience.

- That Conference
  (i) notes the increase in the salaried workforce of GPs and increased competition for employment and
  (ii) calls upon GPC to campaign for partnership expansion where feasible and where not, to value and support salaried employees.

- That Conference believes that in accordance with the rise in sessional practitioners, the GPC should review its membership structure and increase its representation for sessional members accordingly.

- That Conference believes that revalidation should not automatically translate as compulsory membership of the RCGP.

- That Conference mandates the GPC to work with the RCGP to create a body to serve the interests of and challenges facing GPs in their first five years of work post-qualification.
6 **Employment checks – an update**

We have previously reported that the Independent Safeguarding Authority (ISA) vetting and barring scheme will begin on 12 October 2009. However, please note that the registration of individuals will not start until July 2010 and employers cannot begin to check potential employees until November 2010.

We will continue to keep you updated.

7 **Londonwide LEAD (Learning Education and Development) – upcoming events**

Londonwide LEAD continues to focus on providing development and training for **GPs, practice managers** and **practice nurses** across the capital.

We will be providing workshops for **GPs** on the complaints process and other areas such as contracts of employment and a marketing strategy for your practice. This is in addition to two clinical update sessions for **GPs**. More information will follow soon.

LEAD has also initiated pan-London **practice manager forums** in order to improve communications across the capital. The forums enable practice managers from diverse areas of London to get together and learn from each other’s experiences. Future **practice manager forums** are scheduled for 23 June and 14 October.

LEAD has increased the provision of **practice nurse** focused training with the help of Sue Cross, Practice Nurse Advisor to Londonwide LMCs.

Our next event for **practice nurses** will be a **minor illness and injuries workshop** on Tuesday 2 June 2009. Further information is available on the **LMC website**.

We will also be running further **free to attend** practice nurse forums on 30 June and 17 November. The aim of these forums is to bring together nurses that may, in some cases, work in isolation, or who would like to discuss and learn more about clinical and non clinical issues that will affect their profession.

We are always looking for further input for you, our audience. Please do let us know if there are any workshops that you would like us to provide, by contacting: info@lmc.org.uk.

Please remember to check our **website** regularly for information on all forthcoming LEAD events.

8 **Freedom of information Act (FOIA)**

The Freedom of Information Act applies to practices in terms of the services that are provided under the NHS contract. It also requires that you can confirm that you have certain employment policies. However, it does not apply in terms of individual income or other particulars of employment.

The Information Commissioner’s Office (ICO) has developed a template for practices to complete as your publication scheme. This sets out what information you have, and in what formats, that is available on request. The main requirement for a publication schedule is that you list what information is available. You do not have to provide the actual information itself on the schedule. You are not required to inform the Information Commissioner (IC) that you have adopted the scheme. This is assumed unless the ICO is informed otherwise. The ICO began to monitor the new scheme from March 2009. The guide to the information template is on the **ICO website**.
The GPC has also updated its Freedom of Information Act 2000 frequently asked questions (FAQs) guidance.

This guidance is also available on our website.

Back to index.

9 Best practice guidance for the assessment and management of vascular risk
The DH has published guidance for PCTs in their implementation of the vascular risk assessment and management programme.

The document sets out the plans for the introduction of a vascular risk assessment and management programme for patients aged between 40 and 74. The guidance explains in more depth what vascular disease is, why undertaking risk assessment and management is important and how these checks might be performed.

Back to index.

10 Online toolkit to help identify older people with depression
Take the challenge, an online tool to help GPs identify depression in older patients, has been launched by the charity Age Concern.

The programme has been developed by Age Concern with the support of the Royal College of General Practitioners (RCGP) to help improve the diagnoses and treatment of older people with depression.

The test takes about ten minutes to complete online.

Back to index.

11 GPs to be revalidated online
The recently published RCGP ‘Guide to the Revalidation of General Practitioners’ includes information on how GPs will be expected to complete an electronic portfolio for revalidation from April 2010.

The document sets out the evidence that GPs will have to provide in order to be revalidated from April 2010.

The document states that although it will be possible to complete a paper portfolio, the preference will be for all GPs to complete an electronic portfolio for each appraisal. The document goes on to state that paper-based portfolios will only be accepted in exceptional circumstances if it can be justified by the GP.

The electronic portfolio for each appraisal will build into an ePortfolio covering the whole of the revalidation period.

Back to index.

12 ‘Two thirds’ of GPs sign up for IGSoC
Around two-thirds of GP practices had signed up to NHS Connecting for Health’s (CfH) Information Governance Statement of Compliance (IGSoC) by the deadline of 31 March 2009, according to the DH.
The DH said it was “extremely pleased” with the response, although CfH was unable to confirm how many of the 5,800 practices had met its standards by achieving level 2 of the IGSoC toolkit.

Please remember that all practices must achieve level 2 compliance by the end of March 2010. It is worth viewing our IGSoC guidance which is available on our website.

13 Locum work and superannuation
Locum work done through locum agencies is not superannuable. Locum agencies in effect act as employment agencies. Therefore, locums working for agencies are employed by the agencies and not the NHS.

Independent locum work, or locum work organised via locum co-operatives and chambers, is still superannuable as the locums within these organisations remain self employed.

If you are a GP carrying out locum work and you need any advice or support, please contact Nora Breen in our GP Support Team on 020 7387 2034 ext 241 or nbreen@lmc.org.uk.

14 NHS unveils plans to slash its carbon footprint
In January of this year the NHS pledged to become one of England’s leading sustainable and low carbon organisations and to meet the Government’s target of an 80 % reduction in carbon emissions by 2050.

The NHS has a carbon footprint of 18 million tonnes of CO2 per year – 3.2% of carbon emissions and 25% of public sector emissions in England. As part of the Strategy, NHS organisations are committing to reducing their carbon footprint. It will be for each organisation to determine how it does so and set its own targets if need be using the guidance from the Strategy. The NHS has set itself an ambition of achieving a 10% reduction in its 2007 carbon footprint by 2015. This will require the current level of growth of emissions to not only be curbed, but the trend to be reversed and absolute emissions reduced.

The pledge is set out in a new strategy, Saving Carbon, Improving Health, which was launched by NHS Chief Executive, David Nicholson, and NHS Sustainable Development Unit Director, Dr David Pencheon.

It might be worth noting that as the NHS has stated that it is going to reduce its carbon footprint, the current ceiling of 1,000m² mentioned in our item on Display Energy Certificates (DECs) last month may be reduced over time.

15 Ovarian cancer – key messages for health professionals
Ovarian cancer is the fourth most common cause of death from cancer in women after lung, breast and bowel cancer. In the UK 6,800 women are diagnosed every year but, to put this in perspective, the average GP sees only one case of ovarian cancer every five years.

The DH has recently issued guidance which provides information on who is most at risk, new evidence on symptoms that help in recognising ovarian cancer and what you should do if you suspect ovarian cancer.
16 General Practice Nurse (GPN) career pathways

In the space of 30 years, general practice nursing has undergone a massive transformation. It has shaken off its image as a workforce comprising GPs’ wives helping out to become an essential component in delivering primary health care.

The increase in the transfer of work traditionally done in secondary care to primary care has resulted in new opportunities and responsibilities for nurses in general practice. However, the legacy of a rapid increase in prominence is that career pathways are not as established as they are in other areas of nursing.

One aim of the Working in Partnership Programme, (WiPP) General Practice Nursing Project, was to improve the career pathway so that nurses see general practice nursing as an attractive option. WiPP has also worked to encourage practices to support nurse development at local level as well as being involved national level strategy and policy.

Importantly, WiPP’s career framework has been supported by the government initiative ‘Modernising Nursing Careers’, which seeks to update the career choices for nurses in the health service.

Today there are a number of diverse career possibilities for a nurse entering the profession.

From an entry post – where GPNs can be involved in health promotion, giving advice, dressings, ear irrigation and vaccinations – a nurse can develop into a senior GPN.

After a minimum of two years’ experience as a GPN and an accredited degree-level programme in practice nursing, there is the scope to work towards a Nurse Practitioner (NP) level. This would build on the existing role by introducing an element of leadership over others in the practice and nurse led care without routine doctor intervention. NPs’ work can also include first contact care with some GP support.

As clinical and management skills develop, some nurses may choose to become a lead GPN. This involves responsibility for ensuring the delivery of safe and effective nursing care to the whole of the practice population. The GPN will manage all nursing resources and work closely with the practice manager and GP partners to deliver practice priorities.

From there, nurses can progress to an Advanced Nurse Practitioner (ANP) which typically would require less GP support during first contact care. ANPs can also lead on practice policies and clinical guidelines as well as teaching junior staff or medical students. They can also take on autonomous management of long term conditions as well as refer patients direct to specialists.

Increasingly there are newer options as general practice evolves.

As GP practices no longer have to provide out of hours services, many PCTs are developing a nurse led service, with the appropriate doctor backup. This again provides new career possibilities for nurses. Out of hours work can be particularly attractive to those who wish to continue working while raising a family.

Another possibility for GPNs includes becoming a nurse partner in a practice alongside GP colleagues. Clinical activity will vary but nurse partners are expected to invest money in a practice, have involvement
in income generation and share in the decision making of a surgery. They will also have full on call accountability.

In return, the nurse partner will usually benefit from a proportionate share of profits. As well as the appropriate clinical skills, nurse partners are expected to have knowledge of financial and business systems in general practice.

From this kind of post, a GPN facilitator could progress to be a GPN professional lead and provide advice and guidance to the PCT or strategic health authority on nursing issues. GPN professional leads can also have responsibility for performance management and clinical governance relating to GPNs in an area.

Another career route is to become a specialist GPN. This may involve running nurse led clinics in a specific disease area and providing advice and guidance to the practice on creating guidelines and policies on such conditions. The specialist GPN would also design and undertake clinical audit as well as taking an education role for other GPNs and community nurses.

Inevitably, the increasingly diverse nature of general practice nursing has led to a rapid escalation of educational opportunities. Those who are keen to get involved in shaping the next generation of GPNs can also become lecturers, designing and delivering education programmes for nurses.

It is clear that general practice nursing has already evolved into a career that can accommodate a variety of skills and interests at all levels, and it will continue to develop.

The last three decades have seen huge changes in general practice nursing. The next 30 years are set to be even more exciting.

Those wishing for a copy of the WiPP Career Framework or Standards for General Practice Nursing please contact Sue Cross, Practice Nurse Advisor, Londonwide LMCs at sue.cross@lmc.org.uk.

17 Courses of interest

- **RCGP Minor Surgery course, 28 and 29 May 2009**
  
  **Venue:** RCGP, 14 Princes Gate, Hyde Park, London SW7 1PU
  
  **Cost:** £395 for AiT’s, £405 for RCGP members, £425 all others
  
  **Course details:** Content of the course includes: instruments materials and sterilisation, local anaesthesia – the perfect way, surgical technique – lose bad habits, lipomata, cysts, ingrowing toenails, cryosurgery, electrosurgery, joint injection techniques, medico-legal issues and administration. Attendees will do the surgery and will be competent at the end of the course. There will also be live videos and demonstrations. Tutors include GPwSIs, plastic surgeons and orthopaedic surgeons. The target audience is GPs, GP Trainees and Non-Principals. There will be an emphasis on practical teaching with very few sit down lectures.

  **Contact:** Debbie Board – 020 7173 6033 or dboard@rcgp.org.uk.

- **Supervision skills for clinical teachers, three day training courses, various dates in 2009**
  
  **Venue:** Central London
  
  **Cost:** £100
  
  **Course details:** Good supervision means looking after people, not just looking over their shoulders. It is about creating time and space to help people reflect on their encounters with patients, colleagues
and managers. Supervision skills depend on active listening and often on the focused use of questions in order to challenge people to think about new ways of dealing with stuck or difficult situations. Supervision skills are useful in vocational training, appraisal, mentoring, self directed learning groups, and in enhancing your own consultation skills.

Course dates scheduled for 2009 are:

- **Summer** – 26 June, 10 July and 24 July
- **Early Autumn** – 3 September, 17 September and 1 October
- **Late Autumn** – 3 November, 17 November and 1 December

**Contact:** Anna Henderson – 020 7866 3271 or ahenderson@londondeanery.ac.uk.

- **RCGP course ‘Enhancing skills for Primary Care Rheumatology and Sports Injuries’, 1 June 2009**
  **Venue:** RCGP, 14 Princes Gate, Hyde Park, London SW7 1PU
  **Cost:** £100 for AiT’s, £150 for RCGP members, £200 all others
  **Course details:** Topics include: drug monitoring in primary care, osteoporosis, role of autoantibody screening in the community, joint examination and injection techniques, practical sessions from rheumatologists, GPs, sports medicine specialists and an experienced physiotherapist.

  **Contact:** Debbie Board – 020 7173 6033 or dboard@rcgp.org.uk.

- **RCGP course ‘Enhancing skills for Primary Care Ophthalmology’, 22 June 2009**
  **Venue:** RCGP, 14 Princes Gate, Hyde Park, London SW7 1PU
  **Cost:** Non Members: £200, Members (25% discount): £150, AiTs (50% discount): £100
  **Course details:** A practical workshop with Dr Andrew Partner, GP with a Special Interest in Ophthalmology. The course includes theory bursts followed by practical application in the setting of your surgery. It is useful for all types of GP, ST3s, opticians and primary care nurse practitioners. The emphasis is on practical teaching: how to get the most out of your ophthalmoscope, pupil examination and visual fields. Spaces are limited so early booking is recommended.

  **Contact:** Debbie Board – 020 7173 6033 or dboard@rcgp.org.uk.

[Back to index](#)