Hounslow Local Medical Committee News Update

May 2013

In this Month’s Local News:

1. Health Education North West London Update

   Health Education North West London (formerly known as North West London LETB) has now been authorised by Health Education England (HEE) and they are working with their stakeholders to set their strategic objectives and establish their routine business. You can follow them on twitter @HE_NWL and they intend to launch their website during May.

   Headlines for April 2013 are:

   Their Board met on 23rd April and approved their 2013/2014 budget and Continuing Personal and Professional Development investment plan.

   Work has been taking place to develop the Patient and Public Engagement Committee

   Their Five Year Workforce Strategy is being developed (this will be featured in their May newsletter).

   They have appointed most of their team and will update Londonwide LMCs with people’s contact details as they take up their posts.

   If you have any questions, comments or suggestions, please get in touch with the team via angela.odunsi@nhs.net.

2. Locum Pensions

   From 1 April 2013, GP practices took on the costs of locum employer’s pension contributions in England and Wales, which had until then been paid by PCOs.

   GPs will have received the GPC’s March newsletter which contained the following advice:

   [Link to the newsletter](http://www.lmc.org.uk/visageimages/newsletters/GPC/LocumEmployersPensionContributions.pdf)

3. The NHS Commissioning Board (London) Primary Care Commissioning Team for NWL Cluster

   The NHS Commissioning Board (London) is now based at Southside; therefore the address for the North West London Cluster has remained the same:-
The best method of communication is via email and there are three generic email addresses (these will replace existing generic email addresses but emails already sent will be forwarded to these boxes automatically). You should always include your practice identification code (EXXXXXX) in the subject title of any emails so that new members of the team can identify the source of the email.

The contact details for North West London Area Team are as follows:

1. For general queries: nhscb.lon-NW-PCC@nhs.net
2. For submission of claims: nhscb.lon-NW-claims@nhs.net
3. For submission of QOF evidence: nhscb.lon-NW-qof@nhs.net
4. Team telephone number: 020 7932 3061

Please find attached the letter received from Karen Clinton, Head of Primary Care (North West London) NHS Commissioning Board, providing further details, including the Named Leads.


4. QMAS

GPS are advised that if they are experiencing problems with QMAS then they should contact the QOF team at nhscb.lon-NW-qof@nhs.net

5. Care Quality Commission (CQC) Meeting for LMC Chairs and Vice Chairs in London - 27 March 2013

Key Messages:

a. CQC Inspections
   - CQC inspections will begin nationally from 1 April 2013 but the majority of visits are likely to start from June 2013.
   - The current plan is to inspect once over a two year period.
   - CQC inspections are not about clinical audit or clinical practice but an audit of compliance with CQC essential standards.
   - The majority of inspections will be scheduled visits with a notice period of 48 hours.
   - An unscheduled visit termed as “responsive” by the CQC will only occur where there are concerns about the service provided e.g. if there is an immediate risk to those using the service.
   - It is likely that there will only be one CQC inspector at each visit.
• The amount of paperwork that will be reviewed is expected to be very little. The review will focus more on evidence from staff and patients.
• CQC inspectors do not need patient consent to look in a patient record as they have legal power to do so.
• It is more likely that medical records would only be reviewed in terms of more generic issues for example inappropriate storage or breach of patients’ confidentiality.
• The CQC inspectors can ask for information to be made available to them after the inspection.

b. Premises
• The CQC confirmed that they have not published explicit standards or guidance on infection control and there is no intention for them to do so either. Inspectors would rely on the DH Code of Practice on Infection Control and would use their common sense when assessing practice compliance with infection control.
• No fundamental changes should be made to premises that are prescribed or suggested by third party suppliers, even those claiming to be doing it under CQC’s name.

c. Annual Fee
• CQC have announced the annual fee that providers will be expected to pay. Please see: http://www.cqc.org.uk/sites/default/files/media/documents/cqc_regulatory_fees_from_april_2013_final_fees_scheme.pdf
• CQC indicated that they would be requesting payment of fees at the beginning of each financial year.

If any practice is having significant difficulties they should contact Vicky Ferlia at GP support: Vicky.Ferlia@lmc.org.uk

6. GP Training Opportunity
The Royal College of General Practitioners (RCGP) are running a series of events during 2013 that will help GPs further their learning. Minor Surgery, Dermal Fillers, Joint Injections and other courses are being run a number of times during the year. You can view the full calendar and book on the RCGP website http://www.rcgp.org.uk/courses-and-events.aspx

7. Revalidation and appraisal
The GPC has recently issued guidance on ‘Revalidation for NHS GPs’ which sets out the revalidation process and how it will work. The guidance explains that LMCs have a role in ensuring that local appraisal systems are acceptable and that PCOs have to consult with LMCs about the appraisal systems that they provide. Londonwide LMCs is working with the Local Area Team (LATS) Medical Directors and other stakeholders, seeking to ensure that a fair, equitable, transparent and proportionate revalidation process is introduced which is consistent across London, this includes local guidance on presenting supporting information on CPD that is no more onerous than GMC requirements.

You might find it helpful to review the Revalidation page on our website or alternatively email revalidation@lmc.org.uk if you have any specific queries. An FAQ on revalidation will shortly be available on our website so please review the page regularly for this and further updates. In the meantime the names of the three Responsible Officers (ROs) in London are now available.
8. 111 Service

Those practices that have experienced serious situations arising as a result of the 111 service are encouraged to write with details to Stuart Pick at the Londonwide LMCs Office at spick@lmc.org.uk.

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9. Public Health Functions

From 1st April 2013, certain Public Health functions transferred from the NHS Primary Care Trust to become part of Hounslow Council.

Hounslow Council are responsible for paying any suppliers/providers who provide a Public Health related service from 1st April 2013 onwards.

Hounslow Council have sent out a letter to all GPs asking them to provide their payment details so that they can pay them for activity.

10. Co-Ordinate My Care (CMC)

It has come to the LMC’s attention that Co-Ordinate My Care (CMC) forms part of the 111 service in Hounslow. GPs are reminded that the use of CMC is not mandatory and that as patient consent is required, alternative options must be available.

11. Summary Care Records

Practices are reminded that the decision whether to proceed with uploading SCRs must rest with them. There is no obligation to proceed if a practice is not content with local arrangements. There is a checklist for GP practices to help them decide whether to go live at:-


The BMA advise that the information sent to patients should include an opt out form. Opt out forms should be made available at the practice. Practices should have posters and there should awareness raising in the area.

12. London Life Sciences Population (LOLIPOP) study – Final 10 year data collection

The London Life Sciences Population (LOLIPOP) study was set up in 2002 to investigate the reasons underlying the high rates of heart disease and diabetes amongst Indian Asians and Europeans living in West London. Over 30,000 people agreed to take part in the LOLIPOP study and most importantly, all participants gave written consent for the study to access their NHS records to monitor their long-term health and identify incident health problems. The study is conducting a first complete follow-up of LOLIPOP participants funded by both the National Institutes for Health Research (NIHR), Research Ethics Committee (ref:07/H0712/150) and the Medical Research Council.
LOLIPOP aims to precisely calculate the increased vascular risk for British Asians. To do this they need to “find” the cohort members. They also need to know if there was any treatment bias e.g. were the LOLIPOP cohort treated any differently (because of their cohort monitoring) from other British Asians.

Simon de Lusignan, Professor of Primary Care & Clinical Informatics Chair in Health Care Management Department of Health Care Management & Policy University of Surrey has advised that to enable the LOLIPOP team to complete the follow-up they will need to review NHS records at all surgeries in Hounslow and Ealing PCT to determine the health status of all participants.

A member of the LOLIPOP team will be in contact to make an appointment to visit the practice so that he/she can perform data extraction using MIQUEST (Morbidity Information and Export Syntax), the Department of Health sponsored data extraction tool. The data collected will be stored in an encrypted fashion, a process which has permission from the National Information Governance Board Ethics and Confidentiality Committee (NIGB ECC). The LOLIPOP This endeavour cannot succeed without your support.

This final data collection is being carried out by the Clinical Informatics Team from University of Surrey led by Professor Simon de Lusignan - Professor of Primary Care (s.lusignan@surrey.ac.uk) – as a collaborator in the research led by Profs Jaspal Kooner and John Chambers at Ealing and Imperial College.

Links to key documents/web information:


National Information Governance Board approval:


Research Ethics Committee approval letter:


GP invitation letter:


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