

URGENT EMAILS – eg Flu epidemics

Both we and the PCT Cluster have an email address for all Practices that is to be used for ‘urgent communications’, such as notification of hospital closures or notification of matters relating to Flu epidemics/pandemics. It is important that Practices have a mechanism by which this inbox is checked on a regular basis, at least daily and that staff holidays and rota’s are taken into account when setting up this mechanism. In light of this, could **ALL PRACTICES** please confirm their urgent communications email address to Helen.watts@derbyshirelmc.co.uk, thank you.

HEALTH CARE ASSISTANTS, SEASONAL FLU VACCINATIONS AND PATIENT SPECIFIC DIRECTIONS (PSDs)

Health Care Assistants are not members of a Regulated Healthcare Profession and cannot, therefore, legally be covered by a Patient Group Direction (PGD) in respect of administering medication. They need a Patient Specific Direction (PSD) in order to administer a Flu jab to a patient. Most people who are eligible for the seasonal flu vaccination are likely to be having regular medication reviews and/or annual checks for their chronic conditions and for the purposes of HCAs and PSDs we advise practices to add to the patient’s notes at their regular review, that this patient has no contraindications to having a seasonal flu vaccination and should be given one at the appropriate time. This instruction needs to be clearly attributed to an independent prescriber. This may involve a doctor checking the record after a nurse has done the review. Legally, a signature is required so it would be wise to have a printed proforma that the independent prescriber can add the patient’s name to and sign. These could be stored somewhere in the practice for retrieval if necessary (if anything were to go wrong). Before giving the immunisation the trained HCA can check that this PSD is on the patient’s electronic record, can ask the usual questions about egg allergy and acute feverish illness and can then go ahead and administer the injection.

COLLEGE STUDENT’S TRANSPORT FORM

A Practice was recently asked to complete a form on behalf of a college student, confirming that the student was unable to travel by public transport. We have contacted Derbyshire County Council and here is a quote from the response we received.

“With regard to your comments regarding GP’s obligations to provide medical evidence concerning access for disabled patients, please be assured that the new transport policy will not require this information since this will be included within the overall learning assessment. However, there may be a few of the older forms in the system for the time being”.

OPEN EXETER AND PRIOR NOTIFICATION LISTS

SBS have launched ‘Open Exeter’ for Practices to sign up free of charge to enable prior notification lists for screening procedures to be sent electronically to Practices. Practice guides are available or training through Mary Burke, Screening Call and Recall Manager. For more information contact Lisa Soultana here at the LMC office—01332 210008.

CRH change of LH/RH AGONIST

Message from Mike James, CRH:

“You may or may not have realised that there has been a change of practice at the Royal in that we now use Prostag (Leuprorelin) as the LH/RH agonist we start patients on rather than Zoladex (goserelin).

We have received a number of questions and queries, so I am writing to give a quick explanation. Those of you who have been around for a while may recall that we changed from Prostag to Zoladex some years ago. The reason was purely that Zoladex became cheaper and as we regarded the drugs as directly equivalent in every other way, this was a valid reason to change. Exactly the same reason has now led us to change back again - Prostag is now cheaper, not just in secondary care but also in the community.

We still regard the drugs as clinically equivalent, so if you prefer to continue to use Zoladex there will be no problem doing so - simply substitute the one for the other.

CHRISTMAS IS LESS THAN 12 WEEKS AWAY

For patients who have repeat prescriptions, now is the time to start to plan for those that will be due for renewal during the holiday periods.

We have been informed that the PCT Cluster/CCGs are discussing with DHU whether they will be in a position to provide extra cover on Friday 23rd December, PCT Cluster/CCGs will advise Practices further next week. Should DHU be unable to offer cover, then Practices would need to ensure that they have sufficient staff on duty until at least 6.30pm on that day to meet all expected demand from patients. Also, Practices that normally hold extended hours sessions on a Friday evening may like to consider whether they think there will be a demand on the evening before the Christmas holiday. If necessary, the LMC can discuss with the PCT Cluster the application of the bank holiday rules to that particular evening—please let us know if you would like us to do so.

BUSINESS CONTINUITY PLANNING

Is this the time of year to consider reviewing and updating your business contingency planning? If you need further support or advice on this matter please contact your Liaison Officer.

GP PENSIONS

The BMA have launched a NHS pensions reform modeller allowing GPs to see what effects planned reforms will have on them. <http://www.bma.org.uk/employmentandcontracts/pensions/index.jsp>

Forthcoming LMC Training:

Employment Law Update and Clinical Commissioning:

Tuesday 11th October—delivered by Ben Troke and colleagues from Browne Jacobson, a legal service provider.

NVQs/Apprenticeships

Free, Government funded, available for practice staff in Customer Service, Business Administration, Team Leading and Management, provided that the learner meets the eligibility criteria. An apprenticeship is made up of a vocational Certificate or Diploma, a vocational BTEC and relevant key skills and can be done in own/work time, supported by an Apprenticeship Assessor. For more information please contact Caroline Bateman, Apprenticeship Assessor via her e-mail address caroline.bateman@rttg.co.uk.

Advertisements

PARKSIDE SURGERY, ALFRETON PRIMARY CARE CENTRE

Salaried GP – **3 sessions** with the possibility of additional sessions in the future.

Commencing ASAP. The practice is seeking a committed, enthusiastic, flexible GP looking to take advantage of a competitive salary in return for working within our friendly, supportive, dedicated team to improve the health of our patient population.

- * 5 partner PMS practice in a semi rural area
- * 2 Salaried GPs (1 WTE),
- * 9,200 patients, High QOF achievement
- * Very high Patient Satisfaction results.
- * Working from purpose built primary care premises.
- * Multi Professional Learning Organisation and Training practice, training registrars and medical students.
- * Participating in a wide range of Enhanced Services.
- * TPP System One computer system, paper light.

Please contact Jan Mason Practice Manager, 01773 546933 for an informal chat or to arrange a practice visit. CV and covering letter to be sent to janet.mason2@nhs.net or Jan Mason, Practice Manager, Parkside Surgery, Alfreton Primary Care Centre, Church Street, Alfreton, Derbyshire DE55 7AH.

**DRS MACLEOD MACLEOD CURRY WARD AND VOSE ASHBOURNE MEDICAL PRACTICE
GP Retainer/Locum required 3 – 4 sessions per week**

We are looking for an enthusiastic and flexible GP Retainer/Locum to join our friendly rural practice for 6 months from September 2011.

Applications by CV should be made to the Practice Manager, Lindsey Stockton, Ashbourne Medical Practice, Clifton Road, Ashbourne, Derbyshire. DE6 1DR. Tel : 01335 230088 lindsey.stockton@nhs.net. Informal enquiries and visits welcome.

**ALVASTON MEDICAL CENTRE
FULL TIME GP PARTNER**

Alvaston Medical Centre is a friendly, forward thinking, 6 Partner (5.1 WTE), GMS practice. With 3 premises, we require a full time Partner to provide a full complement of services to our patients. A training practice with high QOF achievement, we also offer dispensing services.

- * 10,000+ patients with 2 rural branch sites
- * Working collaboratively with Southern Derbyshire Clinical Commissioning Group
- * VISION clinical system. (Possibly moving to TPP SystemOne in 2012.)

The post advertised is for a full time (8 sessions) Partner at the Practice however, other options including job share can be considered for the right candidate[s].

Start date – March 2012, Informal visits welcome.

Please apply in writing, with CV, to Sarah Chalmers, Practice Manager, Alvaston Medical Centre, 14 Boulton Lane, Alvaston, Derby DE24 0GE. Telephone: 08444 994 770, Email: sarah.chalmers@nhs.net. Website: www.alvastonmedicalcentre.nhs.uk

WHITTINGTON MEDICAL CENTRE, CHESTERFIELD PARTNERSHIP

Due to retirement we are looking for an enthusiastic and flexible GP to fill 6-8 sessions in our practice which is committed to delivering high quality care for our 3,400 patients.

- * 2 partner practice & salaried doctor, Consistent high QOF achiever, Modern purpose built premises, Fully computerised using TPP SystemOne

Informal visits welcome please contact Paula on 01246 458033 by phone or email asap paula.elliott@nhs.net if you are interested.

THE PARK MEDICAL PRACTICE, DERBY

We are looking to recruit a salaried GP (7 sessions) to join our practice team. For more information please contact Heather Simpson on 01332 821470 or heather.simpson@nhs.net

Dismantling the NHS National Programme for IT

On the 22nd September 2011, the government announced an acceleration of the dismantling of the National Programme for IT, following the conclusions of a new review by the Cabinet Office's Major Projects Authority (MPA). The programme was created in 2002 under the last government and the MPA has concluded that it is not fit to provide the modern IT services that the NHS needs.

The MPA found that "there have been substantial achievements which are now firmly established, such as the Spine, N3 Network, NHSmail, Choose and Book, Secondary Uses Service and Picture Archiving and Communications Service. Their delivery accounts for around two thirds of the £6.4bn money spent so far and they will continue to provide vital support to the NHS. However, the review reported the National Programme for IT has not and cannot deliver to its original intent.

In a modernised NHS, which puts patients and clinicians in the driving seat for achieving health outcomes amongst the best in the world, it is no longer appropriate for a centralised authority to make decisions on behalf of local organisations. We will continue to work with our existing suppliers to determine the best way to deliver the services upon which the NHS depends in a way which allows the local NHS to exercise choice while delivering best value for money.

A new partnership with Intellect, the Technology Trade Association, will explore ways to stimulate a marketplace that will no longer exclude small and medium sized companies from participating in significant government healthcare projects".

The Department of Health said: "The exchange of information between patients and clinicians and across the NHS is a fundamental part of how we are centring care on patients and making sure innovation and choice are fully supported. The NPfIT achieved much in terms of infrastructure and this will be maintained, along with national applications, such as the Summary Care Record and Electronic Prescriptions Service, which are crucial to improving patient safety and efficiency. But we need to move on from a top down approach and instead provide information systems driven by local decision-making. This is the only way to make sure we get value for money and that the modern NHS meets the needs of patients."

Derbyshire LMC Website – Steering Group

Are you interested in helping to develop the new LMC Website by providing comments and feedback to ensure its effectiveness and a useful resource for practices? Please contact Lisa Sultana for further information.

LATEST ADVICE - Past month GPC information:

- * Pensions Reform Modeller—see GP Pensions article (PTO)
- Further details from the LMC office or www.bma.org.uk

How to contact us

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