

About GP bulletin

Welcome to the February edition of the GP Bulletin, aiming to keep you up to date with useful information for your daily work.

As part of our commitment to continually improve the way in which we communicate with GPs, this edition of the bulletin has been redesigned.

The aim is to present relevant information in a format that is easy to read and digest. Please send any feedback or views on the format and content of the GP Bulletin to me at

sonny.dutta@doh.gsi.gov.uk

I may not personally be able to respond to all your comments due to pressure of time. I do, however, read them all and take your concerns on board.

If someone has cascaded this bulletin to you, we would like you to receive it directly by email. Please forward your details to gpbulletin@doctors.org.uk, giving your name, practice name and GMC number.

Sonny Dutta, Editor, GP Bulletin, DH, Quarry House, Quarry Hill, Leeds LS2 7UE

Contents

Top news

New vision for diabetes services

A look at the launch of the new national service framework1

NSF principles in action

Good practice in the north east shows the way forward for diabetes care2

More news

PMS National Development Team2

New schemes for GPs.....2

News in brief

New PMS waves planned3

More funding for walk-in centre pilots3

MDA and MCA merger3

MDA notices3

Digest

All the latest news for the GP community4

TOP NEWS

New vision for diabetes services

Improved standards in treatment, care and support for people with diabetes have been set out in a new national service framework (NSF).

The *Diabetes NSF Delivery Strategy*, launched on 9 January, calls for every person with, or at risk from diabetes to be offered regular check ups and appropriate treatment. It says all PCTs should provide eye screening services by 2007.

Many people with diabetes currently visit hospitals for treatment. The NSF makes the case for refocussing services in primary care. National clinical director for primary care and Cheshire-based GP David Colin-Thome said: "Primary care needs to systemise its treatment of diabetics.

"If practices haven't already got regular clinics in place then they will need to be set up if no alternatives exist. There should be regular diabetic and eye reviews, circulation and neurological assessments and dietary advice.

"If there are already chronic disease management programmes in place GPs are doing the optimum

for their patients. But the best people to run effective clinics are nurses, whether community or practice."

The delivery strategy gives PCTs guidance and up-to-date-information on how to improve services.

It has been estimated that as many as one million people with diabetes are undiagnosed so GPs need to make those at high risk aware of the symptoms and give lifestyle advice on physical activity, diet and smoking.

The NSF sets out a vision for diabetes services which leads to fewer people developing the condition, and better care for those who do, preventing or delaying the onset of complications. The delivery strategy follows the *NSF for Diabetes: Standards* published in December 2001.

The NSF can be found at: www.doh.gov.uk/nsf/diabetes/

Diabetes NSF – supporting programmes

■ *The Diabetes Information Strategy* – to ensure information infrastructure, systems and services are developed to support the needs of diabetics. www.doh.gov.uk/ipu/strategy/nsf/5.htm

■ *Workforce development* – the Long Term Conditions Care Group Workforce Team is supporting development of a workforce with the right skills and competencies to work in new ways, starting with diabetes. www.doh.gov.uk/cgwt

Continued on page 2

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NSF principles in action

More patients are being treated closer to their homes thanks to an innovative diabetes service in the north east of England.

The Northumbria Diabetes Service is a leading example of the new NSF in action.

It has set itself a target – that 85 per cent of all clinical care will take place within primary care – and this goal is being quickly achieved.

The Northumbria service provides support for primary care teams throughout the district through the Newcastle and Northumbria PCT. It is responsible for providing, coordinating and developing diabetes services within GP practices and enabling them to provide more locally accessible care.

For example, at the Collingwood Practice in North Shields, care of 80 per cent of its 300 diabetes patients is dealt with by the primary care team at a weekly dedicated diabetes clinic.

Dr Amit Chatterjee said: "This is good for the patients because they find it more accessible and more convenient. It has naturally put pressure on our resources but is a very good system and the patients appreciate it."

■ **Network:** Dr Sue Roberts on 0191 2932708.

Continued from page 1

Support for the diabetes NSF

■ *Current and Future Research on Diabetes: A Review for the Department of Health and the Medical Research Council.*
www.doh.gov.uk/nsf/diabetes/research/index.htm

■ *The NHS Modernisation Agency will work with local health communities to develop skills and knowledge in the tools and techniques that support change. The agency will also support leadership development for managed diabetes networks.*
www.modernnhs.uk

MORE NEWS

PMS National Development Team

In the summer of 2002 the PMS National Development Team joined the National Primary Care Development Team to enhance synergy across primary care development within the Modernisation Agency. Consequently the team has been dramatically restructured, and we are developing a network of 11 facilitators which will be coterminous with the NPDT centres nationally. The PMS NDT aims to support the development of primary care commissioning across the NHS health economy and can provide guidance and training to NHS colleagues.

We would like to introduce the new team structure:

National team:

Head of the team – Dr Mo Dewji – 07974 072020

National development manager north – Helen Northall – TBC (maternity leave cover for Trish O’Gorman)

National development manager south – Mitzy Gafos – 078844 73059

Finance and legal adviser – Mark Wilson

Nurse advisor – Barbara Stuttle
Team co-ordinator – Emma Baranowski

All queries to the national team

should be directed to emma.baranowski@npdt.nhs.uk

Regional facilitators:

West Country NPDT –

Caroline Pike – 07970 836958

West Midlands NPDT –

Penny Lawson – 07815 158 061

South East NPDT –

Alan Miller – 07971 673140

London NPDT –

Yvonne Coghill – 07989 426487

Southern NPDT –

Jen Dibb-Fuller – 07989 954572

Peninsula NPDT –

Carla Miller – TBC

North Bradford NPDT –

Bill May (as of 10-2-03) – TBC

All facilitators can also be contacted at firstname.lastname@npdt.nhs.uk

We are in the process of appointing to the following areas and if you have any queries or development needs from these areas please contact the national team or the helpline:

North West NPDT

Northern NPDT

Eastern NPDT

East Midlands NPDT

■ If you have any queries please contact the PMS national helpline on 0845 9000008 or visit us at www.doh.gov.uk/pmsdevelopment

New schemes for GPs

On 29 November two new schemes were launched to help boost the number of general practitioners in the NHS and improve GPs' working lives.

The flexible careers scheme

The flexible careers scheme seeks to increase the number of flexible and part-time posts available within general practice. It gives GPs even greater choices about how and when they work, and enables them to strike the right balance between their work and home lives. It is open to all GPs regardless of age, but is aimed at GPs who wish to work less than 50 per cent of full time or in a more flexible way.

The scheme:

■ enables GPs to work less than half time and organise their hours flexibly over the course of a year

■ does not require the GP to undertake any out-of-hours work unless he/she wishes to do so

■ pays the GP £1,050 per year towards his/her professional expenses

■ lasts for a period of up to three years (or four years for GPs joining the scheme prior to 1 January 2004)

■ assigns each doctor a clinical and educational supervisor, whom the doctor meets regularly

- offers access to the NHS pension scheme
- reimburses the employer a proportion of the cost of employing the GP.

The returners scheme

This scheme is designed to support the return of qualified GPs to the NHS. Benefits for returners include:

- salaried refresher training, tailored to meet the GP's needs
- up to £12,000 golden hello payment
- flexible working options – return full time or part time

- even more choices – with the option of joining the flexible careers scheme
- support and advice on childcare.

For information on either of the above schemes, please contact the returners hotline on 0845 6060 345.

Golden hello scheme – update

The NHS GP golden hello scheme has now been revised. Changes include:

- extending eligibility to qualified GPs not working in primary care on 24 September who return to take up an NHS GP post
- an increase to the extra payment

for all doctors taking up posts in under-doctored areas, to a new maximum of £7,000. The revised amount applies from 29 November 2002 onwards.

- Full details of the extended scheme are now available at www.doh.gov.uk/pricare/goldenhello
- Any queries to Debi Nicholson on 0113 254 5218, email debi.nicholson@doh.gsi.gov.uk or Katie Cusick on 0113 254 5850, email katie.cusick@doh.gsi.gov.uk

NEWS IN BRIEF

New PMS waves planned

Two new waves of personal medical services (PMS) contracts will be launched on 1 April and 1 October 2003.

More than a third of all GPs are now working to PMS contracts. PMS provides GPs with enhanced personal and professional development, more choice and flexibility. Patients receive quicker and easier access to a range of specialist services.

The PMS contract is locally driven, allowing professionals to negotiate their terms of contract according to local demands. In some areas practices have restructured or work together to develop new services. Over 9,300 GPs are currently working to PMS in 2,500 schemes.

www.doh.gov.uk/pricare/pca.htm

A network of facilitators has been set up to support development and integration of PMS services in primary care. More information on the PMS national helpline 0845 9000008 or at www.doh.gov.uk/pmsdevelopment

More funding for walk-in centre pilots

NHS walk-in centre pilots have been so successful they have secured another three years of

funding and confirmed as a mainstream service.

A total of 42 centres are now fully established. They were developed as centrally funded three-year pilots with an annual contribution from the Department of around £30m.

The new funding comes in recognition of their services to a wide range of people and their contributions to their PCTs' achievement of the primary care access target or reducing pressure in A&E minor injury treatment.

In line with Shifting the Balance of Power, the new funding has been added to PCTs' new three-year resource allocations.

MDA and MCA merger

The Medical Control Agency (MCA) and the Medical Devices Agency (MDA) merge from 1 April.

The new body – the Medical Healthcare products Regulatory Authority (MHRA) – will build on the strengths of the MCA, which has made a major contribution to protecting public health, according to a National Audit Office (NAO) value for money report.

The NAO study – published on 15 January 2003 – said the MCA had achieved international recognition for its work and was one of the leading medicines regulators in the European Union. www.nao.gov.uk

Medical Devices Agency

Hazard notices

- **HN 2002 (04)** – blood pressure and vital signs patient monitors DINAMAP PRO 100-400 series and PRO 1000
- **HN 2002 (06)** – Invacare Ltd Zipper 2 S manual wheelchair – risk of propelling wheels becoming detached in use
- **HN 2002 (07)** – all respiratory therapy devices connected to endotracheal and tracheostomy tubes – risk of serious injury due to incorrect assembly
- **HN 2002 (08)** – Invacare Ltd Storm 3 powered wheelchair – risk of drive wheel becoming detached
- **HN2002 (09)** – possibility of over infusions with IVAC 591, 597, 598 and 599 infusion pumps

Device alerts

- **SN 2002 (09)** – risk of pneumococcal meningitis in non-vaccinated cochlear implant patients

Safety notices

- **SN 2002 (23)** – cardiocograph (CTG) monitoring of foetus during labour (update)
- **SN 2002 (24)** – steam penetration tests in vacuum benchtop sterilizers
- **SN 2002 (26)** – use of main extension leads
- **SN 2002 (28)** – electrically operated lift and recliner chairs
- **SN 2002 (29)** – tracheostomy tube holders – Kapitex Trachi-Hold – recall notice
- **SN 2002 (31)** – inappropriate use of breathing filters – HMEs and HMEFs in breathing circuits – risk of inadequate ventilation
- **SN 2002 (35)** – removal of implantable cardioverter defibrillators (ICDs)

Device bulletins

- **DB 2002 (06)** – benchtop steam sterilizers – guidance on purchase, operation and maintenance

www.medical-devices.gov.uk

TheDigest

Did you see the news about...? If you missed an announcement or new development of interest to you, the chances are it could be listed in The Digest. Each month in The Digest we feature subjects of note including where to obtain more information.

Access to primary care services by the homeless

There have been recent suggestions about homeless people being unable to register with a GP. One of the reasons commonly cited for this is that GPs or their staff are under the impression that it is necessary to have a permanent address in order to register with a GP.

This is not so. NHS medical primary care services are available free to everyone who is ordinarily resident in the UK, including anyone who is homeless. To that end GPs are reminded that patients do not need to have a permanent address to register with a GP or a PMS pilot provider.

Your PCT can advise you how to register a person who is homeless at the time when she or he applies to register.

Day surgery

The British Association of Day Surgery is holding a meeting entitled "New Partnership" on 21 March in London. It will bring together senior managers from SHAs, PCTs and acute trusts with clinicians involved in delivering day surgery. This is a part of the strategy to reduce waiting times and improve patient care. Further detail can be found at <http://www.bads.co.uk/>

Impotence drugs update

New impotence treatment Tadalafil (Cialis) has been added to schedule 11 of the NHS (general medical service) regulations. From 1 February 2003 the drug will have the same prescribing restrictions as other treatments for impotence on the NHS.

The oral mucolytics currently on schedules 10 and 11 will be removed on the same date. GPs will be allowed to prescribe these drugs where appropriate from 1 February.

Contact: Janet Smith 0113 254 6601 or janet.smith@doh.gsi.gov.uk

Action On initiative expanded

A scheme to encourage innovation and good practice in specialities with long waits has been expanded.

Action On, run by the NHS Modernisation Agency, has already achieved success in ophthalmology, dermatology, ENT and orthopaedics. Now it is being expanded to cover general surgery, plastic surgery and urology.

Health communities are being invited to bid to become plastic surgery and urology pilot sites. Funding of up to £75,000 is available.

www.modernnhs.nhs.uk/actionon
Contact: Eric Ludlow on 0116 222 1422 or eric.ludlow@npat.nhs.uk

Education quality assurance – new DH team

A quality assurance team has been appointed within the Department of Health HR directorate to streamline, integrate and improve the impact of external quality assurance on education.

Sandy Goulding leads the team, supported by four senior quality assurance co-ordinators representing the North, Midlands, London and

South. The team will work with stakeholders to develop a shared framework for quality assurance.

www.doh.gov.uk/hrinthenhs/learning/section3/aboutus

Education quality assurance – reviews published

Prototype reviews of six NHS-funded education programmes have been published.

The Quality Assurance Agency for Higher Education (QAA), under contract with the Department of Health, conducted reviews of nursing and allied health professional education in higher education institutions.

The department is now working with the nursing and midwifery council, health professions council and NHS workforce development confederations to build the results into the national quality assurance programme. www.doh.gov.uk/hrinthenhs/learning/section3/majorreview

Back pain web launch

An Internet information service has been launched to provide better public information on back pain.

Research for the Doctor Patient Partnership (DPP) has shown that nearly two thirds of people would go to their GP for back problems. With 60 per cent of the population reporting problems, this is a huge burden for primary care.

The 'Beating Back Pain' campaign provides support information and a booklet for patients to prevent and manage pain. www.dpp.org.uk

PCT ratings revealed

Primary care and mental health trusts are to receive their first NHS performance ratings this summer.

The ratings show how well local NHS services are performing. PCTs and mental health trusts will join acute, specialist and ambulance trusts in this year's tables.

www.doh.gov.uk/performance/2003

NHSnet upgrade

GPs are to benefit from a £45 million upgrade to the NHSnet.

The network, which carries over 100 million messages a month, is to be transferred to broadband access.

This will speed up online appointment booking and prescription transfers. It will also improve access to electronic health records.

The bandwidth upgrade is due to be completed by March 2004. www.nhsia.nhs.uk/nhsnet/pages/connecting/bandwidth/upgrades.asp

Allocations for PCTs

A three-year package of £148 billion will be paid directly to 304 PCTs for the first time in April. This is a cash increase of almost one third. The figure means no PCT will receive less than a 28 per cent increase in funding. The average PCT budget is expected to grow by almost £42 million.

The allocation will put 75 per cent of the NHS budget under the control of primary care. www.info.doh.gov.uk/doh/IntPress.nsf/page/2002-0520?OpenDocument

Price freeze for generic drugs

The maximum price scheme for generic drugs will not change this year following consultation with manufacturers. The Department of Health says the scheme has contributed significantly to price stability.

It estimates that pegging the price has saved the NHS £330m a year since it was introduced in August 2000.

www.doh.gov.uk/genetics

Publication of chief executive's report

The *Chief Executive's Report to the NHS*, was published in December 2002.

It found that eight out of 10 GP practices offer appointments within 48 hours. There are more nurses and acute beds than ever before. The report highlights a rise in calls to NHS Direct, increased use of walk-in centres and reductions in maximum waiting times. www.doh.gov.uk/public/stats1.htm

Role of CHAI – update

Details of the role and remit of the Commission for Healthcare Audit and Inspection (CHAI) are expected to be published soon.

The new watchdog will combine inspection work of the Commission for Health Improvement (CHI), the value for money work of the Audit Commission and the private health care inspection duties of the National Care Standards Commission.

CHAI will be chaired by Sir Ian Kennedy, whose report into children's heart surgery in Bristol called for a more integrated inspection process. www.chi.nhs.uk

Steriliser guidance

The Medical Devices Agency (MDA) has produced new guidance on the purchase, operation and maintenance of all types of bench-top steam sterilizers. Guidelines are intended for potential buyers, current owners and users.

www.medical-devices.gov.uk or contact Lisa Robery on 0207 972 8297.

Sex lottery campaign

A new £4m public information campaign has been launched to raise awareness of the risk of sexually transmitted infections among 18-30 year-olds.

The two-year drive 'Don't play the sex lottery – use a condom' is aimed at young adults on low incomes, highlighted as high risk. A web site www.playingsafely.co.uk has been developed to provide information to the target group. The campaign is part of the national strategy for sexual health and HIV. The strategy can be found at www.doh.gov.uk/sexualhealthandhiv/index.htm