



Professional advice for General Practice

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STP: Plans being made about us without us?

The LMC attended the RCGP Midland Faculty meeting of their STP ambassadors with West Midlands LMC representatives. We agreed to work together to influence the secondary care dominated STP plans, so as to save general practice rather than sink it. The Staffordshire STP footprint has centrally already been encouraged to put general practice at the top of the agenda rather than being at the bottom and it is one of the 12 key work streams and the only one with actual investment. Lately there has been an accommodation of LMC/GP representatives after intense lobbying, both locally and nationally.

This was finally negotiated on 17.8.16 at a meeting of LMC Chairs and CCG Chairs in Stafford, with agreement that provider GPs would be represented by the following 3 GPs – LMC and South Staffs – LMC secretary Dr Gulshan Kaul, GP federations and North Staffs – Dr Chandra Kanneganti (who is also now RCGP ambassador for Staffordshire and on our LMC) and CCG Chairs – Dr Paddy Hannigan. This will bring a much louder 'clinician voice' to the STP Board with 3 experienced GPs and hopefully focus more (strategy/resources) on prevention (of LTCs/their deterioration) than inpatient/community bed usage.

The health economy recognises the need to transfer care into the community and also the major investment and transfer of resources required. This requires the reversal of the tariff induced transfer of all resources towards secondary care. This will require whole system change and has sign up by all chief executives, but there will be disinvestment and “losers” for overall gain. Some of this will be politically very difficult as we do not need a substantial portion of our overall “cold” hospital bed space (much of it lying empty in Cannock, Burton and Stafford).

Hopefully these 3 GPs actually being on the STP board will be able to firmly influence the future direction and decisions and will have close communication with the LMC officers in North Staffs.

Dr Paul Scott and Dr James Parsons

Releasing Capacity in General Practice Update (see save the date below)

A number of the work strands from the Releasing Capacity Action Group are finally coming to fruition and the latest picture is as follows:

Workflow Redirection

We have had an in depth presentation from the Brighton & Hove team and Dr Mark Williams and Sam Brown from Leek Health Centre have also been to AT Medics in London to review their workflow redirection system. We are close to the final decision but some additional work needs to be done on negotiating the actual costs of the training, which will be paid by NHS England from the GP Forward View funding. Rebecca Woods (NHSE) is taking this forward and we hope this will be finalised by early September.

Patient Charter

The final draft version of the Patient Charter has been forwarded to all participating organisations and should be agreed and signed by all parties in the near future.

Active Signposting/Care Navigation

The team from Wakefield gave a presentation to the Action Group on 28th July and Rebecca Woods and Kellie Johnson (CCG) will be working on taking this forward. An important part of implementing this process is having a comprehensive directory of services accessible in practices.

Sustainable Improvement/Releasing Time

At the April event practices said they wanted 'help and support to develop their own quality improvement expertise'. Due to the enthusiasm locally to explore opportunities and implement changes to reduce

workload NHS England have offered to finance a series of activities to help practices achieve this goal. The NHSE Sustainable Improvement Team will work collaboratively with practices to provide training to give you the tools and techniques to get started.

Save the date - there will be an event on **Thursday afternoon, 13th October** (venue to be confirmed) to introduce everyone to the various options available to help and support you to review your systems and to implement appropriate changes to release valuable time and resources.

Whilst this work-stream is separate to the General Practice Resilience Programme (details of which were sent out by the NHSE Area Team on 19/8/16) the two will run in tandem but practices cannot participate in both.

PCSE Issues

Thank you to everyone who is providing the LMC with details of the issues practices are facing with PCSE - please keep them coming so they can be fed into the monthly conference call we have with Capita.

Please note the following from this week's call:

- Any practice who does not get a collection at their designated time or where the driver refuses to take records due to lack of space in the van should e-mail Gary Turner gary.turner@nhs.net. He can then arrange for an 'ad hoc' special collection (usually done on a Friday) to be made. **Please do this so that he gets a clear picture of just how many practices are being affected by this.**
- If you are experiencing difficulty getting NHS numbers for new patients and not getting a response to your enquiries e-mail Gary Turner with the details and he will escalate.
- Any problems with getting responses to queries on records for adopted children or any child protection issues should also be directed to Gary Turner.
- Any breaches of information governance in relation to PCSE must be reported to Lesley Baddley, Information Governance Co-ordinator, NHS England – North Midlands T: 01138 253 738, M: 07568 431591 e-mail: lesleybaddley@nhs.net and recorded in practice. You may wish to report on Datix as well.

- Sterile supplies and documents should now be available through the portal. If an item has been out of stock for 2-3 weeks this should be reported to Gary Turner and he will escalate.
- As all sterile supplies are now available on the portal practices will not be reimbursed by NHSE if they purchase them from an alternative source.
- Gary Turner will be checking the rules and requirements around deductions
- A number of individual issues raised by practices are currently being followed through by Gary Turner including the return of deceased patient records to practices, refusal of Capita registration staff to discuss patient records due to data protection and a partially missing medical record.

Additional information and contact details can be found in the e-mail headed 'PCSE Update from Primary Care Team' sent out by Rugeley Primary Care (NHS England) on 3/8/16. Primary Care Support England also sent out an 'Update for GP Practices' on Friday 19/8/16

The next conference call will be held on Monday 26th September.

PCSE guide for performers list applications

Please see the [PCSE guide for trainees](#) (and others) on joining the performers list. It is currently taking 12 weeks to process applications.

MCP

In response to the new voluntary contract proposals for GPs in England, the GPC has produced a document [Focus on MCP contract framework](#). This paper summarises the main contractual elements, the key concerns about the contract and the GPCs proposed alternative.

Advice on Preventing Telephone Fraud

The GPC has issued LMCs with advice on preventing telephone fraud. The document can be found [here](#) on the LMC website.

Concerns about communication or care from UHNM?

Missing or inadequate discharge letters? Lack of suitable follow-up arrangements for your patients? Inappropriate requests from hospital colleagues to chase up results of hospital investigations or inform patients of results of hospital investigations?

Remember, don't waste your (secretaries') time chasing hospital secretaries to get the answers. Simply mail your query to gpqueries@uhns.nhs.uk where your questions will be directed to the appropriate department for action.

Please inform the LMC if you have problems with this GP support service.

Firearms Licensing update

Several members have contacted the LMC for advice.

This remains a confusing issue even on the main list-server and BMA website, and shooting groups are now writing articles advising members to refuse to pay GPs. Wessex LMC has produced some [guidance](#) which advises either replying immediately to the Police declining to do the service for no fee, or pre-agreeing a charge with the patient. This is non-core additional work that can be very time consuming with thick notes or any mental health history, it also has major medico-legal implications.

Hopefully even clearer guidance will be published in due course. All this has been caused by the Home Office deliberately ignoring our contract. We will continue to update practices in future newsletters.

GPC Newsletter

Here is the latest [GPC Newsletter](#). which includes the [Sessional GP e-newsletter](#).

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