



North Staffordshire
LOCAL MEDICAL COMMITTEE

Professional Advice for General Practice

December 2013

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Bah humbug and glad tidings we bring

It has been a tough year for practices so far. The 2013 GP contract with its endless requirements for data collection and local additions such as QOFXL and QIF have put tremendous demands on practice resources. We used to listen compassionately to our patients, now we are preoccupied with chasing their personal data. Patients are getting increasingly assertive and at times we and our staff even face the wrath of abusive patients, who cannot instantly get what they want or they think they deserve. Add to this the almost daily onslaught from the media on General Practice, blaming us for everything from causing longer waiting times in A+E to delaying cancer diagnoses and you cannot help but feel glum. Now NHS England and the Area Team are trying to add their bit. Practices who try to close early on Christmas Eve or New Year's Eve will be served a contract breach notice . Bah humbug!

But fear not. The LMC provides you with clear guidance on how to deal with this and other challenges in this newsletter. And to help you prepare for the new GP contract starting on 1st April 2014 we will arrange an information evening on Tuesday 21st January 2014. Please put this date in your

diary, further details will follow. Glad tidings we bring!

Merry Christmas and a Happy New Year!

Dr H Van der Linden



Early closing of GP practices on 24th and 31st December

Following recent guidance e-mailed from North Staffs LMC on the subject of early closing on Christmas Eve and New Year's Eve, the GPC has now circulated further detailed information on your contractual obligations, should you wish to close early on these dates. [Letter from GPC](#). I would urge you to read this carefully to ensure that you are not in breach of contract. It does explain ways of sub-contracting and that NHS England are not contractually correct in the position they have taken.

The GPC has been made aware that practices in some areas of the country have been receiving communications from Area Teams withdrawing previously agreed acceptance of early closure on 24th and 31st December 2013. The position of the GPC has not changed and the [guidance](#) available on their website (also shown on the North Staffs LMC website in the link above) still applies.

The GPC also advises "It is our view that Area Teams should not change their position because of further

guidance they have received from NHS England when there has been no evidential change to suggest there will be an increased demand for services during these times to warrant it. Our View is that Area Teams themselves may be in breach of contract in doing so.

As we have previously stated, experience has shown that demand for services at these times, particularly Christmas Eve, has been very low and regulations allow GMS practices to subcontract services to an appropriate provider. The approach of Area Teams appears to be a departure from the previous practice of PCTs.

Practices should therefore stand by their original arrangements and if as a result they are threatened with breach of contract notices, GPC will support them, provided they have followed our published guidance and have behaved appropriately in doing so."

Advice from our local Area Team remains that they will not pursue any practices closing at 5pm or later on either date, but will investigate those practices who close before this time. Practices may choose as a compromise to follow this 5pm advice. [Letter from Area Team](#)

Please feel free to contact the LMC for further advice if required.

Zoladex/ B12 injections/ housebound patients

The LMC has received a query regarding Zoladex/ hydroxocobalamin injections which are administered to patients with the cost of medication reclaimed under the usual rules which apply to other personally administered medications.

The LMC has been advised via the GPC List Server that if a practice buys in the drug and it is administered under practice direction, even if not by an employee, then PA fee can still be claimed"

Injectable medicines

Following a meeting with medicines management, LMC, and Loomer Road surgery, it is agreed in principle that non-dispensing practices may legitimately purchase medicines which are subject to a 'personally administered' claim, supply this to a nursing home which the practice is providing medical cover for, and a nurse may administer this to the patient. Even though the nurse may not be directly employed by the practice, under direct medical instruction, the practice may claim the item as 'personally administered'.

It is recommended that the nursing home has a standard operating policy (SOP) for receipt of the medication, storage, documentation, and auditing of such medicines, and also the the practice has a similar SOP for delivery, communication of medical instructions, and audit of processes to the nursing home. Loomer Road Surgery is currently drawing up a model SOP which can then be shared with practices for their own use.

The issue of similar injectable medicines being administered by other community staff (district nurses) is under review and requires further discussion between SSOTP, medicines management, and the LMC. However, currently district nursing staff will only administer influenza vaccines to housebound patients under their current case load.

Certificates to be provided without charge

GP colleagues are reminded that they cannot charge for certain medical certificates. We are all familiar with the need to issue fit notes, maternity certificates or prescription exemption certificates, but there are others. The full list of **prescribed certificates** can be found [here](#)

Flu Vaccination Programme 2013/14

Please see the link below for advice regarding flu vaccinations.

[Click here](#)

In addition, following a query raised by one of our local GPs, the LMC advises practices that they would be in breach of contract if they administer a (private) flu vaccination (ie if they fall outside the NHS target groups for seasonal flu vaccination). For further information see section 19 last paragraph [here](#)

Following the publication of the tripartite letter about flu immunisation programme in England 2013/14 (see link above), the GPC wrote to the Chief Medical Officer requesting clarification about the arrangements for flu vaccinations for GP locums.

This issue has finally been resolved and NHS England and GPC have agreed that locum GPs should attend the practice where they are registered as patients to get their flu vaccination, and that practice can then claim the payment via CQRS using the Read code 9OX4. which will be acceptable by area teams.

A statement to this effect have been added to the BMA website: <http://bma.org.uk/practical-support-at-work/doctors-well-being/flu-vaccination> (a link to this is also available on the [Sessional GP pages](#) and [Vaccs and Imms guidance pages](#)).

Legionella Risk Assessment & Testing

Outcome 10 of the CQC essential standards of quality and safety describes what registered providers should be doing to ensure the safety and suitability of premises. Providers must ensure that people who use services and others accessing premises are protected against the risks associated with unsafe or unsuitable premises.

To be able to demonstrate compliance with these standards they would want assurance from practices that they have carried out risk assessments to identify all risks associated with the premises and that the practice is managing these risks. This includes meeting the requirements of the Health and Safety at Work Act (HSaW) 1974 and the Control of Substances Hazardous to Health (COSHH) Act 2002.

This may require a risk assessment to be carried out in relation to legionella. CQC does not make any requirements about who carries out the risk assessment. The risk assessment and the outcome of the risk assessment will always depend on the circumstances of each provider. Risk assessments should always be proportionate and in most cases

the risk assessment will identify that there is no risk. If this is the case no further action is required. The Health and Safety Executive (HSE) has produced guidance on this which may be useful.

For further information on the BMA website [Click here](#)

Pethidine Requests

The LMC has received a query regarding GPs being asked to prescribe pethidine for pregnant female patients who are choosing to have a home birth.

The Head of Midwifery at the UHNS has confirmed that the practice of community midwives prescribing pethidine has now ceased due to security issues surrounding midwives carrying pethidine whilst out in the community.

The LMC however does not believe that GPs are responsible for prescribing pethidine. It is the responsibility of the community midwife's employer (UHNS) to ensure that suitable clinical governance arrangements are in place allowing midwives to obtain Pethidine from within their own organisation.

Fitness to fly

The LMC has received an enquiry from a GP asking for advice following a request he had received from his patient's social worker. The social worker had requested a medical examination on the patient to assess if the patient was fit to fly.

There is no local guidance on this, however there are several useful national resources to refer to:

[Click here](#) and [here](#) and [here](#)

Vaccines and Immunisation

The GPC has issued guidance on this. The [focus on vaccines and immunisations guidance](#) has now been updated following the many recent changes to the vaccinations programme.

This document explains the various payment mechanisms available, and the new sections include information about shingles, pertussis, childhood flu, rotavirus and meningitis C vaccinations.

Registering Patients and when to assume care

Some uncertainty appears to exist amongst some colleagues as to when they have to assume care for newly registering patients.

The regulations are clear on this:

"registered patient" means -

- (a) a person who is recorded by the Primary Care Trust as being on the contractor's list of patients, or
- (b) a person whom the contractor has accepted for inclusion on its list of patients, whether or not notification of that acceptance has been received by the Primary Care Trust and who has not been notified by the Primary Care Trust as having ceased to be on that list

From the moment the patient applies to register on your (open) practice list in writing they are deemed to be your patients and you have to assume their care. The fact that it may take time to process their application and registration with the registration office should not delay you providing general practice care.

Collaborative Fees

The Area Team has confirmed the following Collaborative Fees.

Type	Fee
Adoptive Parents	£33.50
Prospective Carer	£95.00
Prospective Carer (supplementary due to time laps)	£40.00
Initial Assessment - looked after children	£75.00
Medical Exam Report on child	£120.00
Case Conference up to 1 hour	£80.00
Case Conference over 1 hour	£120.00
Case Conference - travel	0.24 p per mile
Mental Health Act approved doctor	£173.37
Other doctor	£120.00
Travel	0.24 p per mile
Any other medical exam at the request of Social Services	£33.50

Firearms and Shotgun policy

Please see the link below for interim advice from the BMA regarding GP's involvement in the firearms licensing process.

[Click here](#)

Locum Toolkit for appraisal and revalidation

Wessex LMCs and the Responsible Officer for Wessex Area Team were successful in bidding for some funding from the South of England Revalidation Implementation Board, to develop a locum toolkit to support locums with revalidation.

The project has resulted in an interactive PDF with a wide range of GP-locum specific practical suggestions, especially for quality improvement activities, as well as the advice on topics such as continuing professional development, significant event review and feedback from patients and colleagues. The benefits of working in small groups with GP colleagues has been emphasised and illustrated with a variety of learning methods and opportunities.

How was it done?

Working together with Wessex LMCs Medical Director the sessional GP representative of Hampshire and Isle of Wight LMC has asked for ideas from over 400 GP locums; collaborated with sessional GP representatives of Dorset and Wiltshire LMC and asked for ideas from GP tutors and appraisers. This has assisted in the identification of additional informational resources on which the document has been built. Before publication the document has been proof read by several GPs with knowledge in the field of revalidation.

Wessex LMCs agreed as part of the bid to share the toolkit with other LMCs once completed.

[Click here](#) for the link to the document.

24 hour retirement and seniority

Following the announcement of the changes in Seniority Pay from April 2014, GP who are looking to retire towards the end of March/ beginning of April may wish to consider the following. 24 hour retirement after 1st April 2014 will not affect seniority pay, as long as the member retiring is returning as a contractor and not a sessional GP (which would make them ineligible to receive payments anyway). We are told that official guidance will be prepared and published in due course. Always seek advice from a financial expert before you proceed.

Emergency Dental Advice Line (DAL) & Dental registration

GPs (and their receptionists/triage nurses) should provide patients with the Dental Advice Line (DAL) number **0300 123 0981** which can be accessed by both NHS and private patients. NHS 111 can also put patients in contact with the service out of hours.

The Emergency Dental Service is a salaried service operating clinics at Hanley Health Centre, Tunstall Primary Care Centre and Ryecroft Health Centre. These are specialised dental services, not walk-in clinics and appointments should be made. Dental patients should normally be able to access urgent dental care whether or not they have a regular dentist.

No registration needed

Dental patients no longer have to be registered with a dentist and can ring a dentist of their choice for an appointment. However Dentists may only see a patient if they have room/time to and are not compelled to do so by a registration system.

Clarification of Stoke CCG's implementation of the Remote Care Monitoring (preparation) Scheme ("telehealth DES")

The LMC had been concerned that the procedure for agreeing the long-term condition within the remote care monitoring designated enhanced service (DES) has been rather one-sidedly agreed by Stoke CCG. The LMC has sought clarification from Stoke CCG. Stoke practices may find the clarification helpful. The CCG confirm that practices do not need to undertake a pilot program of monitoring this financial year to satisfy the DES. A circulated document has been described as good practice and not mandatory. The CCG confirm that the terms of the DES can be fulfilled without signing up to Flo. The CCG has asked that should any practice not wish to use hypertension as the long-term condition to be monitored within the DES, should discuss their wish for a different condition with James Davies at the CCG. The CCG has agreed to be flexible with request such as this.

Fees page on the BMA website

The [Fees on the BMA website](#) have been updated for easier navigation and access to fees and guidance. [The Fee Finder Tool](#) lists all information and guidance in relation to fees in alphabetical order, and the main fees page provides a number of different routes to get to this information depending on the type of doctor or the work involved.

There is also a specific section on fee paying work for GPs: [click here](#)

GPC Publications

[GPC Newsletter 28th November 2013](#)

The latest [GP Trainees Newsletter](#) is now available on the BMA's website.

LMC New offices

Last month the LMC office moved premises. Our offices are now located within the building occupied by North Staffs Urgent Care. Our new address and telephone/fax numbers are as follows:

511 Etruria Road
Basford
Stoke-on-Trent
ST14 6HT

Tel: 0300 365 0135
Fax: 0300 365 0136