North Staffs LMC Newsletter

March/April 2018 – issue 40

North Staffordshire LOCAL MEDICAL COMMITTEE

Extended Access for October 2018

If this is a must do and it is reasonably funded, then the view in North Staffs LMC is the worst outcome is that it is put out to open tender and a private provider does the minimum, skims the profits and dumps more work back into in-hours. This would probably be the final tipping point for many practices and is how our OOH partially operates now anyway. Ordering tests and referrals and follow ups to our in-trays or seeing and saying rebook in-hours would cripple us terminally.

We have de facto managed to force through reserved tendering in Staffordshire, using the patient based list functionality requirements (with legal backing) via our CCGs and it will now go out to our federation and practices/localities.

The next real challenge will be capacity in localities. Everyone in general practice is already working as much as they want/are able to. Flexing to cover the required hours isn't a huge ask when diluted amongst GPs, ANPs, PNs and HCAs but it is still antisocial and more hours.

Pay rates need to be generous but not totally destabilising for the rest of the system. Getting paid to see pre-filtered single problem patients with 15 mins at £100+ per hour will make in hours work look stupid. This already happens at walk-ins and access centres. The lifetime and annual allowance pension issues are also devastating/work capping where they impact, which for many colleagues is now in their early 50s. The 111/practice booked ratio will be very significant as well, which is not yet published.

How local practices can design, own and provide the service needs clear explanation to them and also exploration of how working at scale can creep into in-hours, perhaps starting at 3 or 4pm, which would mean after mopping up admin, you actually went home at 6pm. This would release clinical capacity to actually do it. Some prime-minister challenge fund sites have rolled this to full 8-8 cover already for all urgent appointments, stabilising potential black hole areas. This has been done for Cannock.

The working at scale economies can release capacity and stress and support practices back from collapse. However, this is not explicit from NHSE and is mildly stretching the money. It also requires a certain scale - in our area about 125,000. Some of this feels like we are re-inventing PCGs.

The LMC believes that colleagues on the ground are not yet truly sighted on this impending large change by October and NHSE are even asking if we wanted to bring it forward, which isn't viable. The middle management in CCGs is disappearing even as the challenge rises. However, this change absolutely has to be constructive and positive, or we will all be following Plymouth with partners evacuating, leaving complete black holes of clinical ownership (no letter/results/follow up monitoring unless seen) and event horizons spreading outwards as neighbouring practices collapse under the disproportionate strain of the migrating poly-morbidity patients.

Key issues for localities to now consider –

- Actual skill-mix and workload - there is an initial formula of 30mins = 2 patients per 1000 population per week, rising to 45mins = 3

- It is unclear the ratio of GPs to PNs to ANPs to HCAs
- Is this going to be practice fair shares according to list size or voluntary, if sufficient interest?
- Formula for numbers of allocated appointments per practice per week (versus 111 slots)
- Start time during the week for appointments at hub - ? 3-4-5pm
- Infrastructure planning - federation support re IT, venue costs
- Amount of weekend cover required - potentially weighted for Saturdays
- Payments to practices for receiving admin and blood results from extended in-hours activity

All localities now need to start thinking, planning and debating which model best suits their population needs within their budgets - which will slightly vary according to the weighted list style model applied by NHSE from the headline £6 per patient.

Dr Paul Scott
Chair

Success for practices who completed the Productive General Practice Quickstart Training Programme

This programme provides fast, practical improvement to help reduce pressures and release efficiencies within General Practice by implementing Quick Start modules taken from the Productive General Practice series.

A further 10 local practices recently completed the programme looking at modules such as frequent attenders, efficient processes, avoidable appointments and clear job standards. The programme was well received by the practices, with positive feedback such as ***"the programme highlighted issues in our practice", "Good time saving exercise", "identified training needs" and "showed better clearer processes could be achieved".***

There is a possibility that more funding is available to enable other practices to access this training, and if any practice would like to register their interest, please contact either Miriam Adams admin@northstaffslmc.co.uk or Anne Sherratt practiceliasion@northstaffslmc.co.uk at the LMC office.

For practices who may wish to discuss the programme with one of the practices who completed the training, please also get in touch with the LMC office.

Private Prescriptions

An issue about the use of private prescriptions alongside FP 10s was recently raised at the BMA Contracts and Regulation subcommittee.

The question raised relates specifically to whether GPs can issue private prescription forms at the same time as FP10s, in circumstances where this is a cheaper option for the patient than paying the NHS prescription charge. The subcommittee was asked to consider whether could be either a breach of the Regulations or collusion to defraud the NHS, who would otherwise recoup the prescription charge.

The legal advice the BMA have received is clear that in cases of treatment under the primary care contract, GPs may not issue private prescriptions alongside and as an alternative to FP10s. In any case where a GP is obliged to issue an FP10 the concurrent issue of a private prescription will be a breach of obligation. In any case where a GP is obliged or entitled to issue an FP10 the concurrent issue of a private prescription will be conduct calculated to deprive the NHS of a small amount of money and will on that account also be wrongful.

The advice is therefore that GPs do not issue private prescriptions under these circumstances.

Guidance on core opening hours for GMS practices

The relevant regulations are outlined and explained in the following **BMA guidance**.

The BMA are aware that NHS England are pushing for CCGs to review those practices that close regularly and trying to pressure them to be delivering services at all times between 8am and 6:30pm. The BMA have challenged NHS England on their misinterpreting of the regulations, and will be discussing this further with them.

Health Education England (HEE) Statement on minimum notice of GP Trainee OOH Shifts

The GP Trainee Subcommittee and ETW Policy Group have produced a **statement** with Health Education England on minimum notice of out of hours shifts together with key findings from the BMA's out of hours survey. Also, here is the **statement** on the HEE website.

New committee members

The LMC welcomes new members Dr Phani Sirigiri, Dr Jayant Thakur, Dr Lenin Vellaturi, Dr Annamalai Veerappan and Dr JaFfar Khan. We have also co-opted Dr Pui Ngan onto the committee.

In addition, there are three trainee doctors currently on the North Staffordshire VTS scheme who will be attending the LMC meetings on a rotational basis.

Home office requests asking for patients' address

An LMC in London has reported that a practice in their area has been approached by the Home Office asking for a patient's address due to immigration issues. If any practice receives a similar request, they should decline and inform the Home Office that passing on such information is a breach of confidentiality.

Influenza Monitoring

As part of Public Health England's routine monitoring of the effectiveness of the seasonal influenza vaccination programme, PHE have been sending forms out to practices who have patients that test positively for influenza. Practices are reminded that there is no contractual obligation to complete these forms.

Tamiflu LIS

The LMC is awaiting confirmation from the CCG as to the mechanism of how practices can claim back the £30 per prescription cost. We will update practices as soon as we receive confirmation.

Guidance on Responsibilities for Prescribing between Primary and Secondary/Tertiary Care

The revised guidance on Responsibility for prescribing between primary and secondary/tertiary care has been published on the NHS England's Primary and secondary care interface resource page. This document is the result of a year's work arising from the GPC's *Urgent Prescription for General Practice*. We would urge practices to read this carefully, as its implementation will help with many of the problems that GPs will have been reporting in recent years. Patients will also benefit by no longer being caught in the middle with regard to obtaining the drugs that they need.

Registration of Overseas Visitors

As part of the 2017/18 contract negotiations NHSE has agreed with NHS Employers contractual changes that will help to identify patients with a non-UK issued EHIC (European Health Insurance Card) or S1 form or who may be subject to the NHS (Charges to

Overseas Visitors) Regulations 2015. For further information click **here**.

Fostering Medicals

Practices are reminded that currently NHS England are responsible for paying the fee for fostering medicals. The current fee is £101.12.

LMC UK Conference

The LMC UK Conference was held on 9th March in Liverpool. Conference resolutions, election results and motions lost can be read on the **BMA website**.

BMA Trainee Newsletter

Here is the latest quarterley **newsletter**.

Sessional GP Newsletter

Here is the **March sessional GP Newsletter**.

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