November 2016 - Issue 29

Newsletter

North Staffordshire
LOCAL
MEDICAL
COMMITTEE

Professional advice for General Practice

In this issue ....

- Page 1 - Editorial - Firearms Licensing
- Page 2 - Locum e-mail addresses
- Page 3 - DocHealth - support service for doctors
- Page 3 - New GP Health Service launching in January 2017
- Page 4 - Workflow Redirection Training
- Page 5 - Champix Prescribing
- Page 5 - Guidance to primary care providers on supporting whistleblowing in the NHS
- Page 6 - ESCAs
- Page 6 - Clinical Students Indemnity while they are in GP Placements
- Page 6 - GPC Newsletter and sessional GP e-newsletter

Firearms Licensing

You may be aware that the firm and clear BMA firearms guidance has been withdrawn and replaced by some far from clear interim guidance following criticism of the original guidance by a coroner and the BMA then seeking a QC opinion. The situation is fast moving and it seems that every time I tried to compose this editorial the state of play changed. GPC England has since passed a motion on the subject outlined here on page 1 of the GPC newsletter and formed a task and finish group to try to improve the situation. This is welcome however does not solve how to negotiate the new guidance presently in a manner that avoids cost to the GP through increased workload for no fee. I will attempt to help you.

The new guidance places more emphasis on the regulatory duties in the case of conscientious objection. I therefore advise not to use conscientious objection to avoid engaging with the firearms licensing process.

The new guidance seems to tell us to engage. It also says that we can demand a fee and not engage if not paid. The guidance seems contradictory at first. To help I spoke with the Staffordshire and West Midlands Police firearms and explosives licensing unit. They actually adhere to the Home Office Guidance. They do request and pay for medical reports where needed. The GP is free to set their own fee but they have paid invoices of £20-75 per report so far and have not refused an invoice to their knowledge. The disagreement comes when they fail to be able to see that the initial request for medical information is actually a medical report too.
It is clear from the above that GP can no longer ignore the initial letters. I advise a prompt letter back. I suggest that the letter contain a demand for a reasonable fee and that on receipt of the fee that medical information will be shared. It seems that the police will not pay a fee unless a concern is raised. Here is the dilemma the GP has in front of them. Do they spend precious time searching the medical record for a concern, and when none is found and that fact is

communicated to the police, then not get a fee because the police have already got from the GP that there is no concern? Alternatively does the GP accept as concerning before they even look at the applicants record, that despite the applicant declaring that they have no relevant medical conditions, the police are still requesting a GP check the medical record? I will let you judge as to whether it is the former or the latter. If the latter then the initial GP reply to the police would necessarily raise a concern with each and every request for medical information?

The issue of ongoing duty to inform the police upon diagnosis of a relevant condition aided by flagging records is far more pernicious. It adds another jeopardy to an already pressured surgery. To try to reassure, I would like to take the approach of asking what we all wish to achieve. Surely it is to reduce suicidal and homicidal injury or death from firearms in the light of the two spree shootings of 2010 in Cumbria then the North East. In our favour, GPs are used to identifying patients that are a risk to themselves or others and if we identify a risk we refer. If we continue to do so I cannot see us being at professional risk. However it is not easy. I have identified a patient with a firearm and paranoid behaviour. It may be helpful to end on my reflections on that information sharing. I called the police click here for contact number and to say they were disinterested is an understatement. They very nearly did not accept my concerns by phone until I insisted on not ending the call until I had passed the patient details and concerns in that phone call. They insisted I put the concern in writing in any case and email it to them. I had a similar experience with the access team. To say they did not want to deal with the firearms issue was an understatement. I shared the information to protect the access team staff, and it was clearly in the too difficult box. They passed the issue back to me to deal with but on a further call they had relented and liaised with the police. So I pose what is the role of mental health services in all this?

Locum e-mail addresses

The LMC is pleased to report that following our request, North Staffordshire and Stoke-on-Trent CCGs have agreed to add locum GPs e-mail address to the various #All GPs distribution lists. These lists are used by the LMC to distribute important information such as LMC

elections and educational opportunities.

Currently locums are not automatically added to these lists, therefore if your practice knows of any locums who wish to receive LMC communication, they should contact the LMC at admin@northstaffslmc.co.uk and request to be added to the lists.

In addition, may we remind practices that any locum who does not hold an NHS webmail account and wishes to obtain one, can contact the LMC and we will liaise with CSU to arrange this.

DocHealth - support service for doctors

DocHealth is a joint initiative between the Royal Medical Benevolent Fund (RMBF) and the British Medical Association (BMA). It is a new confidential, not for profit service giving doctors an opportunity to explore difficulties, both professional and personal, with senior clinicians. This pilot service is delivered by Consultant Medical Psychotherapists based at BMA House in London. Click here for further information.

New GP Health Service launching in January 2017

As part of a broader package of support, the General Practice Forward View is committed to improve access to mental health support for general practitioners and trainee GPs who may be suffering from mental ill-health including stress, depression, addiction and burnout.

A new NHS GP Health service is therefore being developed, and following the appointment of The Hurley Clinic Partnership as the provider of this service, NHS England expect the service to launch in January 2017.

The service is an important part of NHS England's commitment to help retain a healthy and resilient workforce and in supporting GPs and GP trainees who wish to remain in or return to clinical practice after a period of ill health. Further information can be found here.

Workflow Redirection Training

The first workflow redirection training session has taken place with 15 Practices having had a member of staff trained on the new process. We did encounter some technical problems but having gone through the process once, we are now better prepared for future training sessions. These Practices should now be able to start to implement the process and will find it very quickly has a positive impact on the workload of all their GP's. There is some work to be done on the implementation in these Practices and, of course, there is a need to carry out audits to ensure that the system is safe and will satisfy the MDU from an indemnity point and the CQC on inspection (this is covered in the training). However the benefits far outweigh the extra work at this initial point.

The next session will be held from 13/12/16 for 4 days and Practice allocated places have been informed and should be working on developing their protocol and briefing their non-clinical staff. Everyone in the Practice needs to be on board with the new process and the staff being trained need to have a good knowledge of EMIS and have some read coding experience.

It is anticipated that the CCG will want to have some form of evaluation to ensure that Practices are making changes to the way they deal with their incoming post, that this is reducing GP workloads and that they are getting positive outcomes for the considerable financial investment made in this training. NHS England will also be interested in this as the workflow redirection process is a key strand in the GP Forward View 5 year plan.

Some Practices have been operating this new approach to dealing with incoming post over the last 12 months ,and GP's report significant reductions in the volume of post they now deal with which is releasing time for them to do other things. For example one GP who used to receive 40 to 60 letters each day (depending on the number of Drs in that day) now only receives between 5 and 8. Imagine opening your DocMan letters and finding such a small number!

So if your Practice has not yet signed up for the training there is still time. Practice Managers should contact Anne Sherratt anne.sherratt2@northstaffs.nhs.uk who will liaise with you about future training dates in the new

year.

Champix Prescribing

Practices within North Staffs CCG are reminded that Staffordshire County Council decommissioned smoking cessation services from General Practice. The LMC has unfortunately being informed that despite this the present provider is still requesting the services of General Practice in providing prescriptions for their service. They are using the Champix Initiation Pack Letter to put pressure on practices to supply a prescription. LMC advice is to decline to provide a prescription.

Fortunately, Stoke-on-Trent City Council continues to commission smoking cessation services from certain general practices. Naturally if you have been contracted to provide smoking cessation services the above does not apply. If you are not commissioned to provide the service, the LMC suggests you do not provide the service and signpost to a commissioned service.

Guidance to primary care providers on supporting whistleblowing in the NHS

As you may recall, Sir Robert Francis published his report Freedom to Speak Up, in February 2015.

In response to his recommendations, to review primary care separately, NHS England consulted on a whistleblowing policy specifically for colleagues in general practice, opticians, community pharmacies and dental practices.

Final guidance has now been published. It sets out; who can raise a concern, the process for raising a concern, how the concern will be investigated and what will be done with the findings of the investigation.

On 1 April this year, NHS England became a 'prescribed person', allowing primary care staff can raise concerns about patient safety or inappropriate behaviour directly.

A policy governing all other NHS organisations and service providers was also published earlier this year.

ESCAS

Drugs which can safely be prescribed in general practice (and secondary care) - without ESCA - are marked green. Those unsafe to be prescribed in general practice are marked red in the formulary. Those subject to an ESCA are always marked **"Amber 1"**

The Amber 1 drugs are those that should only be prescribed in general practice under an ESCA. The Amber 2 drugs are those that should only be prescribed in primary care after 2nd care referral, but no ESCA is required. This group includes drugs such as Gabapentin, which many practices are happy to prescribe, and do not require any particular monitoring (above and beyond that of any other medication), but also contains drugs with which many practices are less familiar and may decline to prescribe on the basis that they do not feel suitably equipped to safely manage the patient, or because additional monitoring is required. In short:

1.Drugs subject to an ESCA (Amber 1): practices may wish to decline to prescribe.

2.Drugs not subject to an ESCA (Amber 2): consider workload implications/risk/competency and only prescribe when you feel it is appropriate for you to do so.

Clinical Students Indemnity while they are in GP Placements

Click here for letter from Health Education England recently sent to practices.

GPC News

Here is the latest GPC Newsletter including the Sessional GP's e-newsletter.

LMC Officers

Chair:
Dr Paul Scott
Tel: 0300 123 1466
e-mail: chair@northstaffslmc.co.uk

Vice Chair:
Dr Lorna Clarson
Tel: 0300 123 5002
e-mail: vicechair@northstaffslmc.co.uk

Secretary:
Dr Harald Van der Linden
Tel: 01782 746898
e-mail: secretary@northstaffslmc.co.uk

Treasurer:
Dr James Parsons
Tel: 01782 534241
e-mail: treasurer@northstaffslmc.co.uk

Lay Secretary:
Miriam Adams
Tel: 0300 365 0135
admin@northstaffslmc.co.uk

Practice Liaison Officer:
Anne Sherratt
Tel: 0300 365 0135
e-mail: practiceliaison@northstaffslmc.co.uk

Members

Dr J Aw	01782 565000
Dr M Dhir	0300 123 0903
Dr S Fawcett	01782 281806
Dr A Green	0300 4042987
Dr C Kanneganti	01782 772242
Dr U Katkar	uday.katkar@northstaffs.nhs.uk
Dr M Keersmaekers	monique.keersmaekers@stoke.nhs.uk
Dr B Kulkarni	01782 395101
Dr H Pathak	0300 7900164
Dr A Pugsley	01782 627403
Dr P P Shah	0300 123 1468
Dr F Shaheen	01782 626172
Dr K Tattum	01782 544466
Dr U Tiguti	01538 308207
Dr A Tufail	01782 534241
Dr S Upputuri	01782 210489