December 2014 - Issue 9

Newsletter

North Staffordshire LOCAL MEDICAL COMMITTEE

Professional advice for General Practice

In this issue .....

Vertical or horizontal integration?

Dear colleagues,

Unfortunately we live in rapidly changing times, which present both opportunities and challenges. This editorial could have covered co-commissioning and the LMC unanimous vote to support level 3, which reflects our recognition that the status quo is unsustainable and that it is better to have some influence over our future. However the Sentinel headlines on Tuesday 16th December painted another picture. Mark Hackett gives GPs a back-handed compliment, presenting us as the health economy solution, but also recruiting us into A+E and proposing employing GPs in 20 practices across Stoke. This is playing the first vertical integration card and illustrates several issues; UHNM's ongoing plans for expansion and their plans to establish a Primary and Acute Care System (PACS). This is one of the two proposed futures for general practice, the other being Multi-speciality Community Providers (MCPs). These have fundamental implications on who we work for and how and who works for whom.

Everyone is aware of the recruitment and retention crisis but this is now evolving in different ways, with further implications. There is GP sessional pay inflation, mainly driven by the DoH through the Area Team raising rates for practice weekend work and front of house sessions. This trumped the CCGs request for Aruna not to destabilise the economy with their rates. Now UHNM are proposing 20 GPs for over £1M, which comes out at £50K each - which won't go very far. However all this jeopardises normal small practices and their own locum cover arrangements, which if taken further and further, will make the partner role less sustainable and salarisation inevitable.

All this has led to the LMC itself changing to meet these challenges. Our monthly open meetings now

have one theme and organisation to address at depth and we are going to explore a more pro-active strategy, developing ideas and plans rather than reacting to offers and others' decisions. We will update you further as this is explored.

In the meantime on behalf of Harald and myself, I would like to recognise the daily burden being shouldered by our practices, who have been coping with their own versions of level 4 all year, with no additional investment and minimal acknowledgement (the CQC bandings are beneath contempt) and wish you all a Christmas rest and a better New Year.

Seasonal wishes,

Dr Paul Scott

Regards,

Dr Paul Scott
Chair, North Staffs LMC

New LMC Practice Liaison Officer

My name is Elaine Wilkinson and I have recently been appointed to work with the LMC as Practice Liaison Officer. I have worked in General Practice for over 40 years, 34 as a Practice Manager and latterly as Business Partner with Dr Keith Tattum and Dr Konstadina Kostakopoulou at Baddeley Green Surgery.

I have developed successful business cases and sub-contracted services to several practices. I am passionate about team development and multi-professional working. I have experienced many changes/challenges in General Practice. I graduated at Staffordshire University in 2012 in Leadership & Management. I feel very strongly about raising the

profile of the Practice Manager and giving our profession a voice. I have been inspired by the commitment and contribution of practice management to the improvement of patient care. I believe by networking/forums managers can not only support each other but share information, best practice, advice, resources and skills.

Areas that my role will cover are:-

What work to decline (non-contractual)

- Reviewing contracts.
- Exploring peer mentoring so as not to duplicate what is already in place.
- Sharing best practice by maybe steering groups or forums.

I will be attending Area Team and LMC monthly meetings, and will feedback any relevant information to Practice Managers regarding regulation challenges and changes. I will represent the LMC at various committees for PM input.

General Practice Cares - a new campaign launched by Londonwide LMCs

Londonwide LMC have recently provided an excellent resource to their practices to help withstand the rising workload pressure and educate patients about the crisis facing general practice which was launched today. We are pleased to be able to share this with practices. Here is the article from their website and a link to the resources here. The GPC is due to publish further guidance to practices shortly.

Reminder about Christmas and New Year opening

You will have received a statement from the Area Team regarding Christmas and New Year opening arrangements for practices, which may have unsettled you. For the avoidance of doubt, this is a national NHS England document which the Area Team has no option but to

circulate. This NHS England document contains some inaccuracies and contradictions , and I can reassure all practices that the GPC advice as issued last year (see below) with a link to the appropriate guidance on the BMA website, remains unchanged.

The LMC has good reason to believe that the Area Team will take a sensible and reasonable approach on this issue. Practices which wish to close early on Christmas Eve and New Year's Eve will be able to do so without fear of contractual action, assuming they act in accordance with the guidance and within the regulations and make appropriate arrangements, whether through subcontracting to an OOH provider, or through other means, to ensure that the reasonable needs of patients are met on the two afternoons in question.

GP Services over the Christmas and New Year period – Guidance for practices in England - December 2013

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 GPC has not changed and the **guidance** available on our website still applies.
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.

PSA Codes

The DOH has instructed laboratories to change the READ code used for reporting PSA levels to practices.

For years PSA values have been reported using 43Z2, since the last few weeks they are now being reported using 43Z22

This may have patient safety implications at Practice level, as practices may be monitoring the original code, and looking at patterns of change in the old code.

Patients either with known Ca Prostate or who are being monitored with a raised PSA for consideration regarding treatment are affected. The LMC is seeking clarification on this from the local lab.

CQC Guidance

The BMA have recently added some updated guidance on CQC inspections to their website. This will be a living web page and the BMA hopes to include regular updates based on feedback and future developments. Any comments are therefore very welcome. In particular the BMA plans to include a link to a page detailing the personal experiences of those practices that have already been through the new inspection regime. If there are any practices who would be willing to contribute, please let the LMC office know by e-mailing admin@northstaffslmc.co.uk

Further information re music Licensing for surgeries

We have previously given advice regarding music licensing in previous newsletters, however we have seen the following article in Wessex LMC's newsletter regarding purchasing royalty free music which may be of interest.

"Knowing the alert about the possibility of practices being asked to pay a licence fee in our last newsletter, Clive XXX, Business/Practice Manager on the Isle of Wight contacted the LMC advising that he had bought some CDs of background music which do not require any broadcast

licences at a cost of 3 for just over £100.

After viewing lots of sites Clive went with AKM Music who promote a range of royalty free music. They have a specific range of PRS and PPL free music, and state that they include a certificate which practices can send to PPL and PRS to prove surgeries can use the music.

Clive later had a call from PRS and discussed it with them, telling them who he got the CDs from etc and what the certificate said - they accepted that he did not have to have a licence to play this music.

On the certificate each purchased CD is listed and the following is stated:

'the music stated above has been cleared with the composer for use without ever having to pay any further royalties to any collecting agency. we can confirm that the composer of these works is a non PRS / PPL member and not affiliated with any performing rights society worldwide and agrees to allow the purchaser to use the music in the following applications without seeking any royalties now or in the future. all music is wholly owned by AKM music and we hold the right to this music. AKM music is not a member of any performing rights society. the music does not infringe the copyright of any third party. This licence covers mechanicals and public performance. there are no annual or renewal fees once the music is purchased'

It goes on to indicate that the practice is the purchaser of the music and only they can use/play the music and this right is not transferable.

PRS charge a fee to pay royalties to the writers of music etc, and PPL charge for the public performance of that music. The composers of music supplied via AKM are paid from sales of the CDs and the musicians are non PRS/PPL members.

For further information regarding PRS and PPL click here

Dispensing advice

To be eligible for dispensing services, a patient, who does not have serious difficulty getting to a pharmacy, must live within a designated controlled locality and more than 1.6km from any pharmacy premises, excluding distance selling premises.

If a patient receives dispensing services from practice A, which is located in a controlled locality, and then registers with practice B, which is also located in a controlled locality, then that patient can continue to receive dispensing services.

If a patient does not receive dispensing services from practice A, because it is not in a controlled locality, but decides to register with practice B, which is a dispensing practice in a controlled locality, the patient would still not be eligible to receive dispensing services. This is because the patient does not reside in a controlled locality.

This will be confirmed in a Department of Health regulatory guidance document for area teams, which will be agreed by the Dispensing Doctors Association, the BMA, NHS England and Primary Care Commissioning shortly. The document contains scenarios whereby patients can and cannot receive dispensing services.

Outcomes from November's LMC meeting

Public Health alcohol brief intervention LIS - North Staffs CCG practices only

The proposed LIS (already being successfully delivered to 8000 patients in SE Staffs CCG area) involves an addition to the alcohol intake screening for hypertensives. Clinically this proposal was given a RAG rating GREEN as it does make complete sense. Financially it was noted that Stoke CCG/PH QIF appears to pay a higher rate. Also the scheme details one claim per 18 months and with GPs annual review cycles, this should be 12 months. The overall administration of this would need to be very simple for this to be even worth claiming and therefore the committee rated this aspect RED. The payments are £1 per patient screened and £500 training.

Guide on ESCAs

- do not prescribe red drugs under any circumstance (Try to repatriate back to secondary care with help of med op form)
- ESCAs are to provide safeguards for practitioners and patients
- are voluntary

- GP needs to reply to request for ESCA - even if he/she decides not to sign up to it
- if GP declines to sign up to ESCA, responsibility will remain with the consultant
- hospital can send an FP10 to patient in the post
- ESCA currently they do not have any funding attached to them for General Practice
- GPs within the practice should agree between them what ESCAs they are prepared to sign up to
- encourage prescribing within formulary.

Out of Area Registrations

You will have received a communication from NHS England Nottinghamshire and Derbyshire Area Team on 26th November regarding the Out of Area Registration Enhanced Service, with a deadline for response of 5th December.

It is important to remember that the Out of Area Registration Scheme (OoARS) falls into two parts: –

1.From 5th January NHS England intends that adequate arrangements will be in place to allow any practice to register any patient living at any address in England and if that address is outside the practice's declared area (outer boundary if you have declared one) to have no obligation to visit the patient at home if their medical condition dictates that a visit is appropriate. Practices should only register such patients if they have assessed the patient's circumstances and have decided that OoA registration is appropriate for that patient. They must also make clear to such patients the terms on which they are registering. (it will still be possible to register a patient outside your practice area on the normal terms, i.e. with an obligation to visit)

2.Practices may sign up to the OoAR Enhanced Service before 5th December. They will need to agree with the AT an area for which they will be responsible (which may, or may not, be bigger than their registered practice area. They will then be responsible for providing urgent Essential Services to any patients living within that area who have registered with a practice outside that area who are unable to attend their registered practice and whom that registered practice has deemed to be in need of urgent Essential Services.

There are pros and cons for practices in engaging in either element of the scheme:-

Registering Out of Area patients

Pros

(1) It will generate income for the practice. As always, each newly registered patient will attract a capitation fee, starting in the Quarter after the one in which they register.

(2) It will enable you to provide continuity to patients who move outside your practice (albeit fragmented care if they fall ill in their new area).

Cons

(1) In determining whether it is appropriate to register a patient who is resident outside your practice area you must be non-discriminatory under the terms of the Equality Act 2010, despite the fact that the OoARS regulations do not place a specific duty on you. You will therefore have to draw up a policy for making that determination and apply it without exception. This could mean that your list size grows rapidly. We have no indication yet as to whether, once a practice starts to accept OoAR patients, it will be allowed to stop doing so without jumping through the sorts of hoops that are required for list closure; the regulations are silent on the matter and we have no idea how NHS England would react to such a situation.

(2) Newly registered patients generate extra work. Your list turnover could increase. These patients, by definition are mobile. Some may not stay for the 3 months required to generate the first capitation fee.

(3) Any costs generated by such patients if you decide that they need seeing in their home area will be charged to your practice budget or that of your CCG. You will have no control over how the provider in the home area decides to treat the patient.

(4) GPC's view (and the LMC's) is that it would be inappropriate to register an OoA patient unless you have definite evidence that the patient's home Area Team has secured appropriate services for treating the patient in his/her home area if necessary. Even if you have received adequate reassurances prospectively you will remain accountable for monitoring and ensuring the quality of all care received by all your patients during core hours. This will become especially important when the named doctor obligation for all patients comes into force on 1st April 2015.

(5) NHS England has reserved the right to reduce the capitation fee for OoAR patients at any time in the future. We have no indication yet as to whether if that happened and you determined that OoAR patients were no longer economic you would have the right to remove OoAR patients from your list on that ground. Even if you had that right (and, again, the regulations are silent on the matter) we do not know how the Ombudsman and the GMC would react – we do know that both bodies regard removal of patients from a standard list as close to a mortal sin, despite the fact that the standard regulations do give you the right to remove patients under certain circumstances.

(6) The OoARS guidance from NHS England states that, '"urgent care" is where the patients' medical condition is such that, in the reasonable opinion of the patient's registered practice, attendance on the patient is required and it would be clinically inappropriate for the patient to go to their registered practice.' Clearly, the question of what constitutes 'clinically inappropriate' reasons for going to the registered practice if it is many miles distant from the patient's home provides even more fertile grounds for patient complaints than if the practice is close at hand.

Signing up for the Enhanced Service to provide services to OoAR patients residing in your area

Pros

(1) It will generate income for the practice. The rates are set out in the Enhanced Service. Only you can decide if they are economic. We do not how whether or how they will be uplifted in the future.

Cons

(1) The workload will be unpredictable but it will always fall under the heading of 'unscheduled'. It could mean that you need to make adjustments to the way in which you commit practice resources (mainly workforce) between routine and urgent care.

(2) You will not have access to the patient's full record. NHS England has recently determined (quite wrongly, in our view) that it is impossible for a primary care provider to deliver in hours Essential Services without access to the full record (on Christmas Eve and New Year's Eve) but it is asking you to sign up to do exactly that. There are obvious medico-legal and contractual risks here.

(3) When a patient contacts you for this service his/her registered practice (and probably also the 111 service) will already have informed him/her that there is a need for urgent Essential Services in his/her home area. You may disagree. Clearly, there is potential here for patient

complaints
(4) The Enhanced Service allows for a practice to withdraw but no notice period is specified and the mechanism for withdrawal is not specified. We understand that ATs are expected to deal with this at a local level and we advise practices not to sign up to this service unless this is clarified. Enhanced Service
(5) We understand that only a minority of practices indicated at the local meetings about this Enhanced Service that they were likely to be interested. The AT must commission services for the whole of Nottinghamshire and Derbyshire. We therefore anticipate that there may be pressure on those practices that do express an interest to agree to cover a much larger area than their own practice area. We advise practices not to bite off more than they can chew and, in any case, not to sign any document that does not clearly specify the area to be covered.

Health Education West Midlands - vacancies

Health Education West Midlands are now recruiting for the first cohort of the West MidlandsPost-CCT GP Fellowship in Urgent and Acute Care. Here is the link to the NHS Jobs advert

Are you receiving the fortnightly e-mail newsletter from Chaand Nagpaul?

Every two weeks the BMA distributes an email newsletter from Chaand Nagpaul, Chair of the General Practitioners Committee (GPC), to all GPs for whom the GPC has email addresses, irrespective of whether or not they are BMA members.

If you aren't receiving Chaand's newsletter direct from the BMA,

•BMA members please check your email details through the BMA website bma.org.uk and update if necessary; if you haven't already done so, you will need to register to set up

LMC Officers

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0300 123 1466

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Dr Jack Aw
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Dr M Chada	0300 1231467
Dr L Clarson	01782 753052
Dr P George	0300 1231468
Dr S Fawcett	01782 281806
Dr A Green	0300 4042987
Dr C Kanneganti	01782 772242
Dr U Katkar	01782 395101
Dr B Kulkarni	01782 395101
Dr H Pathak	0300 7900164
Dr P Rao	01782 593344
Dr S Reddy	01782 222930
Dr P P Shah	0300 1231468
Dr K Tattum	01782 544466
Dr P Unyolo	01782 783565

a web account
•Non-members with web accounts can also update via the website. Other non-members should send their email details to membership@bma.org.uk quoting their GMC number.

NHS premises and lease agreements - update

GPC and BMA Law recently met with the CEO of NHS Property Services and their head of legal, to discuss a purported 'standard' lease that has been in circulation for use with GP practices leasing NHS premises. As a result it has been clarified that there is no 'standard' lease as such.

The background to this is that about 18 months ago GPC were in discussions with the DoH regarding the possibility of developing a form of standard lease document. However, for a number of reasons the two parties were unable to agree and finalise it. A derivative of this lease appears to have been produced and put out recently, which prompted GPC (in collaboration with BMA Law) to circulate a guidance note about it.

The aim of the meeting between GPC and NHSPS was to
(i) clarify their present position, and
(ii) discuss some of the aspects of the proposed lease.

In respect of the former, NHSPS explained that they are undertaking an audit of their property portfolio (this includes GP tenants) and where possible will suggest that occupying practices sign up to a 'Heads of Terms' agreement (this is a non-legally binding document) and/or a formal lease.

As regards the latter, we discussed, in general terms, some of the clauses contained within the form of lease document presented. On this, NHSPS have agreed to work with GPC to develop a standard lease that is mutually acceptable. It is hoped that this will be available by April 2015. Both parties aspire to the goal that all GP practices are ultimately signed up to a lease that is fair to all sides and recognise that entering into a formal lease offers protection to both landlords and tenants. **NHSPS made it clear however that GP practices are not being forced into signing up to a lease.**

Personal Profile - Dr Sam Reddy

Name:	Dr Sam Reddy
Place of Birth:	Norfolk
Medical School:	Manchester
Year of qualification:	2001
GP Training:	Manchester
Current Place of Work:	Snowhill Medical Centre, Shelton
Partner/Salaried/Locum:	Partner
Full time/part time:	Full time
Committee member since:	2012
Current role on committee	Member
Medical-political interest or priorities:	To halt the steady, disguised privitisation and fragmentation of the NHS, and its accompanying detrimental effects on patient care.
If I could change anything for GPs it would be.....	to have them feel valued again by public, politicians and press.