February/March 2016 - Issue 23

Newsletter

North Staffordshire LOCAL MEDICAL COMMITTEE

Professional advice for General Practice

In this issue .....

Goodbye from Dr Prasad Rao

After serving on the LMC nearly 24 years, I have decided to step down.

I was first elected to the LMC when it was a Staffordshire wide LMC, and we used to meet regularly in Stafford in the early 90's. If you were elected to the County LMC you automatically got the membership of the Local Sub Committee.

The Community Health Council was the most dreaded organisation by GP's at the time. They used to receive most of the complaints from patients about GP's. There was a disciplinary committee of the Family Practitioner Committee headed by non-clinical personnel and appearing in front of that committee used to be the most unpleasant experience one could go through. LMC's used to help doctors to represent their case in front of the committee.

In the earlier days of my career the LMC often used to deal with partnership disputes. One of the common allegations was that the Senior Partner was having most of the patients whilst hardly registering any patients with a Junior Partner. Some Deputising Doctors had restrictions put on them to not visit patients of a certain practice so as not to give them an opportunity to poach patients. Poaching of patients can be an offence that could be reported to the GMC.

In my opinion the biggest achievement of our LMC has been the North Staffordshire LMC home visiting guidelines. The guidelines were the brainchild of Drs David Hughes, Paul Golik, Ruth Chambers, yours truly and a few others. The home visiting rates have gone down substantially since the publication of those guidelines. The guidelines were adopted nationally by all the Doctors Co-Operatives. As the then General

Secretary of NAGPC (National Association of GP Co-operatives) I visited a practice in Belfast and our guidelines were boldly displayed in the manager's room and they couldn't thank me enough for coming up with such a sensible guidance.

Our LMC is not a trades union but a professional body. It has always tried to do what is in the best interest of the patients we serve and make professional life more bearable for GP's. All through my career on the LMC committee I have found our committees have been very forward looking, constructive and helping the FPC's, the area Health Authority, PCG, PCT, and CCG's to implement policy changes.

I have enjoyed a lot of support, not just from our LMC members but from all of you to set up and run our Out of Hours Co-Operative on behalf of our local GP's. Personally that is a great achievement and I am very proud.

A big thank you to you all.

Dr Prasad Rao

Urgent Prescription for General Practice

Urgent Prescription for General Practice s the start of a media campaign by the GPC and practices to influence GP resources and workload and needs to work in conjunction with the GP quality first document.

Practices will have now have received copies of the resource packs, which have been sent to all GP practices in England and Wales. The packs include useful guidance material and template letters on how to contact local media and lobby the local politician, as well as posters to be displayed in practices and mini prescription cards which can be completed by patients. Copies can also be downloaded from the **BMA website.**

Practices are encouraged to tweet at **#gpincrisis** or use the **#gpincrisistwibbon** to share infographics and further

information about the campaign.

Some LMC members and officers have written to their MP and are arranging to visit their MP's surgery to discuss the current crisis in general practice. Finding out who your local MP is can be done by entering your home postcode onto the following website.
https://www.writetothem.com/

Making time in general practice

A recent report Making Time in General Practice has been written by Primary Care Foundation and NHS Alliance . The report looks at freeing up GP capacity by reducing bureaucracy and avoidable consultations, managing the interface with hospitals and exploring new ways of working. Both the secretary and the LMC practice liaison officer have visited the associated roadshows , jointly organised by the GPC and NHSE and are keen to share new ideas.

If you want to get started with this you can access some of the material outlining projects already launched elsewhere by following this link:

bit.ly/gpcapacityforum

Building on this and other ideas the LMC, in collaboration with the GP federation, will be holding a workshop aimed at GPs and Practice Managers to help putting ideas into practice. Formal invitations and agenda are to follow within the next few weeks, but please **keep the following date in your diary**:

Thursday afternoon 21 April
Britannia Stadium

District Nurse Drug Charts

The LMC has been made aware that some GP colleagues are being asked to complete community drug charts by their local District Nurses.

It has previously been established that the GPs

responsibility is to provide a prescription with clear instructions on administration, and that anything else is the responsibility of the community trust. The Partnership Trust has re-confirmed that this is correct, and that they will issue a reminder to their front line staff.

DNACPR

Following an inspection by the CQC SSOTP were asked to review their DNAR forms. Dr Gerald Morgans has lead this review and in order to ensure that we have a universal system fit for purpose across the local health economy, a new DNAR form was agreed with the LMC. When issuing any new DNAR forms practices are asked to **use this form**. Guidance on completing the form can be found **here**

Only a GP or a GP registrar at level ST3 are able to sign box 7 on the form.

Where old DNAR forms are already in place for patients there is no need to replace these with the new form.

The DNAR should be for an indefinite period generally , with an option to enter a 12 months review in certain cases, say if the patient was frail elderly in a nursing home and the entry reflected a need to review the patient at least annually.

Clarification on pay deductions for junior doctors taking industrial action

The BMA has received reports that some junior doctors working less than full-time (LTFT) have been deducted a full day's pay for taking industrial action despite regardless of the actual hours that the doctor was scheduled to undertake. The legal advice received is clear that making of such a deduction is both incorrect and unlawful. If a junior doctor is only scheduled to work a half day, then if they fail to work this half day due to taking industrial action their employer is only permitted to make deductions commensurate to this period.

Employers had been making the unlawful deductions based on advice they had received from NHS Shared Business Services (NHS SBS). The BMA has written to NHS SBS to ensure that their advice to employers is changed immediately.

If your employer has deducted payment beyond that which would have been received for the time you were scheduled to work on any day of industrial action then please contact the BMA for further advice.

Unfunded Transfer of Work

Colleagues will rightly feel overwhelmed by the daily demands put upon them. For years we have accommodated unfunded transfer of prescribing into General Practice, taken over hospital follow-ups and generally provided a safety net for community and secondary care shortcomings. This is neither sustainable for practices nor safe for patients.

The LMC has demanded that these practices are stopped and is in discussions with the CCGs, the UHNM and the Combined Healthcare Trust to make sure that this happens. A high level meeting is planned with CCG colleagues on 7 April to further this, and before that the LMC is due to meet with the clinical director of UHNM to address our concerns.

In addition we have asked that our CCGs come up with proposals to lighten non-essential workload for practices. An update on this is expected in April.

Zika Guidance

The joint Zika guidance for primary care has been updated to reflect the new wording for travel recommendations for pregnant women and clarification of advice on sexual transmission.

The changes include:

- Updated travel advice for pregnant women
- Clarification of advice on preventing sexual transmission to pregnant women and women planning pregnancy and their male partners
- Clarification of symptoms associated with typical Zika virus infection
- Further clarification on obtaining diagnostic samples and completing RIPL request forms

- Links to new advice on Zika and immunocompromised patients, and the Guillain-Barre syndrome
- New section on minor procedures in the primary care setting, including dentistry

The following Public Health England News Story has further information. The guidance is also available on the BMA website.

National Living Wage

Practices are reminded that the National Living Wage (NLW) comes into effect from 1st April 2016. From that date the NLW will be £7.20 per hour for workers aged 25 and older and £6.70 for those younger than 25.

The fine for not paying the NLW is £20,000 per employee.

Remember that the NLW will increase year on year until the target of the total wage reaching 60% of median earnings is achieved by 1st April 2020 equating to a rate of £9.00 per hour. Practices should ensure that they meet the legal requirements as from 1st April 2016 and should be planning as to how they will manage the required increase to £9.00 per hour over the next 4 years.

Has your practice fulfilled its contractual obligations?

The start of a new financial year is fast approaching and it brings with it several important contractual obligations. All of which must be completed by the end of this month.

Practices are probably well aware of these changes already, but there is some further information below to highlight these obligations to help practices ensure they are fully prepared.

Five contractual obligations to complete by 31 March

1. **Assign a named, accountable GP...**
...for all patients (including children) who will take lead responsibility for the co-ordination of all appropriate services required under the contract.
Find out more

2. **Publish mean GP net earnings...**
... of all GPs in your practice on your practice website. This is only contractual income from NHS England, CCGs and local authorities
Find out more

3. **Provide access to the detailed coded information in the GP record...**
...for patients who make an 'active application'. Free text will not be accessible and you can withhold coded information if this is in the patient's interest.
Find out more

4. Get your QOF points up to speed
There are no major contractual changes from last year but it's important to make sure your points are up to speed to maximise your income.
Find out more.

5. Report your unplanned admissions
The DES achievement in preventing unplanned admissions is now being reported twice a year instead of quarterly, on a simpler reporting template. Patients with care plans from the previous year can remain on the 2% register, but GPs will have to make sure they have given them at least one care review by the end of March.
Find out more

Find out more about the 2015/16 contract at bma.org.uk or get in touch with GPC (general practitioners committee) today on 020 7387 4499 or email info.gpc@bma.org.uk

Sessional GP e-newsletter

Here is the latest edition of the sessional GPs subcommittee e-newsletter

GPC Newsletter

Here is the latest GPC Newsletter.

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