

Newsletter



North Staffordshire
LOCAL
MEDICAL
COMMITTEE

Professional advice for General Practice

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The Bigger Picture

It is not often that you see 200 GPs, Practice Managers, Nurses and CCG staff together to plan for the future of our local health economy, but that is exactly what happened yesterday afternoon at the Britannia.

The big turn-out was no doubt in large part due to the fact that people have come to realise that current working arrangements are unsustainable. Neither the local health economy nor individual practitioners can afford to just keep doing what they did before, and our CCGs rightly invited the lively audience to identify obstacles to success, but more importantly challenged them to look for solutions. Facilitated discussions took place on 6 topics ranging from integration of community services, estates and primary care access to IT, urgent care and recruitment and retention of GPs and practice staff. There were some passionate discussions and innovative and practical ideas emerged. Although some of the solutions offered are within the grasp of the CCGs to implement, a general theme emerged: a single GP federation could help solve many of the problems identified. This is where we are fortunate.

After much hard work by Dr Jack Aw and others Aruna was established. Although it did not manage to secure the support it needed, it had laid the foundations for an action group of selfless GPs and Practice managers to establish a whole new (pan) North Staffordshire GP Federation (NSGPF).

Immediately after the CCG event this group of individuals, supported by Paul and myself from the LMC, presented the case for a new federation modelled on the very successful South Cheshire GP federation. Representatives from South Cheshire federation were there to share with the audience their vision and successes so far (they managed to attract an additional £11 per patient investment into General

GPC News

Here is the [latest GPC Newsletter](#)

Practice in the last year alone), largely due to the fact that every practice in the 2 CCGs they cover are members of the GP federation.

It is time to recognise that there is no point in going it alone. As individual practices we will be so much stronger in making our voice heard through a single federation, and as a GP community we will be more resilient to face the challenges the future brings us.

I understand that so far 60 of the 84 practices in North Staffordshire have joined/are about to join the new North Staffordshire GP Federation. I would urge all practices who have not already decided to join to do so soon. This is about us building our future whilst preserving what we have got. I hope you can all see the bigger picture.

Dr Harald Van der Linden
Secretary,
North Staffordshire LMC



District Nurse Authorisation Sheets

A reminder to practices that it is **inappropriate** for district nurses to seek authorisation from GPs before administering medication. An agreement has finally been reached between the LMC, SSOTP and Medicines Optimisation that it is unnecessary and inappropriate for community staff to ask GPs to countersign drug administration charts.

Overseas visitors and Primary Care

The Department of Health has recently issued guidance on implementing the overseas visitor hospital charging regulations 2015. The BMA guidance on this and the impact on primary care has been updated accordingly and is available [here](#)

LMC Conference Report 2015

For those interested to read what the main points of discussion were at this year's LMC conference, here is the [2015 LMC conference report](#).

CQC Policy on DBS checks

The CQC position on the need for DBS certificates in general practices is vague. See also [myth buster](#)

The CQC myth buster says practices need to:

- have a process in place for undertaking criminal record checks at the appropriate level (only for staff who require a check).
- assess the different responsibilities and activities of staff to determine if they are eligible for a DBS check and to what level.
- remember that the eligibility for checks and the level of that check depends on the roles and responsibilities of the job - not the individual being recruited - and is based on the level of contact staff have with patients, particularly children and vulnerable adults.

Non-clinical staff

There is no general requirement that non-clinical staff (such as those at reception or administrative staff) have to have a DBS check - it depends on their responsibilities. Therefore, practices may not be breaching this regulation if their non-clinical staff have not had DBS checks done.

Access to medical records alone does not mean that staff are eligible for a DBS check - so this may rule out some administrative staff members.

However, a good example of where non-clinical staff may be eligible for a DBS check is reception staff who also carry out chaperone duties and look after a baby or child while their mother is being examined by a GP or nurse.

Where the decision has been made not to carry out a DBS check on staff, the practice should be able to give a clear rationale as to why.

CQC also has 27 pages of [guidance on DBS checks](#)

Sessional GP newsletter

The [June e-newsletter](#) focuses on the recent LMC Conference. It also features news and information aimed at supporting sessional GPs as well as blogs from sessional GPs, including one from Dr Mark Selman on his experience working in OOH supervising GP Trainees.

GP Practice annual complaints data

NHS England has written to GP practices asking them to submit data on written complaints received by the practice between 1 April 2014 and 31 March 2015.

This is an NHS-wide data collection and asks practices to submit numbers of written complaints made by patients (or others acting on their behalf) about GP services. The figures to be submitted are total numbers of complaints by service area and subject of complaint, and the number of these that were upheld. No personal confidential data is included in this collection. The questions are unchanged from previous years' collections, but will now be collected through the Primary Care Web Tool.

NHS England has stated this is a statutory requirement under The Local Authority Social Services and NHS Complaints (England) Regulations 2009, and practices are therefore advised to complete the return. The deadline for submission is **Wednesday 8 July 2015**.

The letter sent out to practices, and guidance on completion, are available below:

[GP practice introduction letter](#)

Guidance on how to complete the return can be found here: [Guidance](#)

NHS England will soon be consulting on future changes to the collection of complaints data from practices, and GPC will be submitting views.

An annual return detailing the information to be provided is an explicit requirement of the NHS complaints regs, compliance with which in turn is an explicit requirement of the [GMS/PMS regulations](#)

The regulations do not require the information to be sent in by any particular means, so if practises feel there is an easier or better way for them to provide it they may do so.

Health Education West Midlands (HEWM) Learning Zone

HEWM have informed LMCs about a [free resource](#) that covers a number of areas of training for all health staff and is free to access. Please note there are 18 separate HEWM listed in addition to those listed by clicking the “HEWM modules” listed below.

Courses include:

- 1) Fire Safety
- 2) Health & Safety
- 3) Manual Handling
- 4) Infection Prevention and Control
- 5) Blood Transfusion
- 6) Anticoagulation/Thromboprophylaxis
- 7) Prescribing
- 8) Mental Capacity
- 9) Consent
- 10) Safeguarding Adults
- 11) Safeguarding Children
- 12) Audit and Clinical Governance
- 13) Risk Management
- 14) Equality & Diversity
- 15) Conflict Resolution
- 16) Complaints
- 17) Coroner Information and Death Certification
- 18) Tuberculosis (TB)

Users will need to register, however due to NHS policy, HEWM cannot confirm how long this will remain free of charge. HEWM have confirmed that they are working on providing free access long term to the West Midlands at least as their region was responsible for commissioning this training.

Indemnity

The GPC has received numerous communications over the last year regarding issues that GPs are experiencing with the Medical Defence Organisations. There was also a clear message from the LMC conference that this is a significant problem both in and out of hours.

The GPC has been in regular discussions with the MDOs and NHS England about this issue and has discussed a number of possible solutions- though there seems to be no clear way forward at the moment for a variety of reasons. The GPC has fed back to the MDOs the anecdotes about costs and limitations of cover that they are hearing and there is clearly a disconnect with their position and what individual GPs are being told. With the changes in working patterns and arrangements in general practice over the past few years, there is an issue with MDOs setting costs as they have little experience of the number and type of claims arising from this work. This is an area that will need significant work going forward.

The GPC has started to collect examples of indemnity costs and restrictions on work to take direct to the MDOs and would be grateful for any assistance in collecting this information. If you have any examples please can you share these with the GPC - including names and organisations by e-mailing GPC Executive Dean Marshall wdeanmarshall@btinternet.com

The GPC are planning to organise a symposium on Medical Indemnity in the next few months to which the MDOs, NHS England and NHS Litigation Authority will be among the invitees. This will allow a detailed discussion of the problem and identify possible solutions and agree action which needs to be taken by all parties.

Appraisals

The LMC wishes to sound a word of caution to GPs who are doing their appraisal. Word has reached us that the level of confidentiality of the appraisal discussions may have changed. Whereas previously appraisal outputs were uploaded (Form 4 and the PDP), it is understood that NHSEngland now have access to the entire appraisal portfolio. This may change appraisees' willingness to share potentially sensitive information.

Requests from insurance companies for medical notes

More and more practice are receiving requests from insurance companies for copies of patients' medical records. Here is some [guidance](#) which has been adopted by other LMCs.

New and amended meningococcal vaccination programmes for 2015-16 - England

Meningococcal B (Men B) for infants

An enhanced service to deliver Meningococcal B vaccination has been agreed. The programme is for three doses of vaccine at 2, 4 and 12 to 13 months. This programme will commence on 1 September 2015 and will run to 31 March 2016. There will be a payment of £7.64 per dose plus £2.12 (to recognise additional workload) with a total fee of £9.76 per dose.

Meningococcal ACWY (MenACWY)

Due to a rapid increase in meningococcal group W (MenW) disease in England, JCVI recommended an emergency programme to vaccinate all 14-18 years-olds (school years 10-13) with a quadrivalent MenACWY conjugate vaccine. This new programme will commence on 1 August 2015, and is a single-dose programme for all patients aged 18 years on 31 August 2015. There will be a payment of £7.64 per dose plus £2.12 (to recognise additional workload) with a total fee of £9.76 per dose.

Meningitis C vaccination for University freshers

The Men C University freshers programme, which was due to start on 1 April 2015, has been on hold until the MenACWY vaccine becomes available. The MenACWY vaccination programme will now commence on 1 August 2015, which is when the MenC vaccination programme for freshers will also commence.

The Men C booster will be offered to freshers (first time

university or further education students who have received notification via UCAS to obtain MenC vaccination – aged 17-25) not previously vaccinated with MenC since reaching age 10 who self-present at their practice for vaccination. There is a flat fee of £7.64 for one dose.

Further information about all these programmes is available in the [2015/16 Meningococcal Vaccinations Programme table](#) and on the BMA website on the [vacs and imms](#) pages. The service specifications are available on the [NHS England](#) website.

Extended Hours DES

The LMC has been informed of the following:

It has come to the attention of the GPC secretariat that the SLA for the extended hours DES which has been sent to practices for signature includes a clause indicating that, in respect of appointments being offered by health care professionals other than GPs, “a GP should however be onsite throughout the extended hours period.”

The Chair of the Contracts and Regulation subcommittee and the Executive Lead on C&R have both confirmed that while it might be the case that the GP will be onsite during the extended hours period, there is no such requirement in the [DES Directions](#).

They advise the following.

It is therefore up to practices to determine whether or not there is a clinical requirement for a GP to be present, depending on the services being offered and the skills, experience and qualifications of the health care professionals providing them. However, practices should bear in mind that they may subsequently be called upon to justify such a decision.

There is a legal obligation on your CCG, on behalf of NHS England, to give your practice the opportunity to provide the DES, with specifications as determined by the Directions laid before parliament, so the DES SLA must not place any obligations on practices over and above the DES Directions. Practices may therefore wish to delete this clause from their SLA before they sign it.

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Apprentices

Health Education West Midlands is offering £500 per new NHS apprentices starting after 1st April 2015. If you have a new apprentice in post, then download the the Apprenticeship Template from the 'Documents' area on the [LMC website](#) and complete and return it to martin.wilkinson@wm.hee.nhs.uk by 15th July at the latest. For potential apprentices please also complete and return leaving the name blank (unless known) and give approximate start date and other details, and HEWM will remain in touch with such practices.

Thinking about an apprentice?

In simple terms there are two different ways of taking on an apprentice.

- The employer can take the apprentice on as their own employee, we will help with recruiting the apprentice and find a training provider that can deliver the qualification. HEWM do not deliver training themselves. The minimum salary is £2.73 an hour.
- National Skills for Health also offer the use of their apprenticeship training agency, this scheme is where we take on the apprentice as our employee and manage the HR processes on behalf of the practice. This service has a one off management fee of £975.00.

Apprentices can be clinical (apprentice health care assistant) or non-clinical (back office or reception) with free access to training. HEWM hope that a significant number of locally grown health care assistants will go on to nurse training and be supported to become practice nurses overtime.

Peter Presland an support employers using either scheme to get apprentices employed and ensure high quality training is provided. Further information can be obtained from peter.Presland@nsahealth.org.uk, your Midlands National Skills for Health Excellence Care Co-ordinator, Midlands Area.