



Professional advice for General Practice

In this issue

- Visiting patients who reside outside the practice area
- CPR guidance
- Personal Profile - Dr Angela Pugsley
- GPC News - latest newsletters
- Supporting pupils at school with medical conditions
- Patient in line services
- 2015/16 contract FAQs
- AUA business rules
- CCG meetings with practices

The new Primary Care environment

The public health part of NHS England has re-commissioned the flu LES with no LMC consultation and after being approached in secret for 2 consecutive years by the LPC. This has now triggered an aggressive competitive market situation with some pharmacists slandering general practice provision for their own commercial gain. Dr Ken Deacon, Area Team Medical Director, has sent a letter to all pharmacists explaining their duties and professional boundaries, a copy of which has been forwarded to colleagues. The LMC has continued to receive reports of inappropriate vaccinations.

The LMC will not collude with this commissioning behaviour and has therefore expelled the LPC from the LRC meetings. This was primarily because of the actions of public health and the LPC, but this latest ongoing behaviour from individual pharmacists just saddens us further. Pharmacists have shifted from being colleagues to outright competitors and threats to general practice viability. The LMC is also aware that Local Authority Public Health commissioning of smoking cessation and NHS health checks has put these services out to commercial tender as well. Pharmacies are encroaching on travel health. They are not bound by CQC regulations. Neonatal checks have been part decommissioned back to UHNS, then part re-commissioned when their training time-scales failed.

The LMC is seeking meetings with our Public Health colleagues, who seem to be making decisions in a vacuum, with a focus on some parts of the South of the County, where enhanced services are delivered at low levels. To address this, they are pressing the competition button for us all, without any consideration of the economies of scale and funding streams that support the package that is general practice. Commercially picking off the easy tasks will

GPC news

Issue 6 - articles include:

- Urgent Primary Medical Care services for out of area registered patients when at home
- Dispensing doctors fee scale changes 2014/15
- Choice of GP clinical system

[GPC Newsletter - issue 6, 2nd October 2014](#)

Issue 7 - articles include:

- Ebola guidance
- New dementia enhanced service
- QOF changes
- 2015/16 GP contract FAQs

[GPC Newsletter - issue 7, 17th October 2014](#)

leave general practice struggling even further with more onerous pro rata work for less reimbursement.

At the National Conference of LMCs in June, this situation was foretold, with two potential solutions -

1. GPs/LMCs try and negotiate and decide on each enhanced service accordingly, maintaining some of our income and activity.

2. GPs/LMCs go for ground zero, providing no outside services and just delivering core. Some practices are being forced towards this through recruitment and retention challenges.

Most of these services are best delivered by practices and this has the advantage of proximity, clinical background knowledge, safety and minimising admin. Other services are being tendered across areas, requiring a vehicle for GP negotiation and service delivery. This is attractive to Public Health as they devolve direct responsibility and whole populations appear to be covered. In some areas this has been through a form of federation (requiring investment (£1 per patient), time (over 2 years), energy (5 young GPs) and leadership) and recent meetings with the CCGs and the LMC, along with the potential start of co-commissioning, has reignited this option. The CCGs do not want the further destruction of general practice. We certainly don't. The LMC will try and engage with Public Health before it does any more harm.

Regards,

Dr Paul Scott
Chair North Staffs LMC



Visiting patients who reside outside the practice area

Do I need to visit a patient who resides outside the practice area?

You need to look at Schedule 6 Part 1 para 3 of the NHS(GMS Contracts) regulations 2004 [as amended

several time since] which states

Attendance outside practice premises

3 (1) In the case of a patient whose medical condition is such that in the reasonable opinion of the contractor-

- (a) attendance on the patient is required; and
- (b) it would be inappropriate for him to attend at the practice premises,

the contractor shall provide services to that patient at whichever in its judgement is the most appropriate of the places set out in sub-paragraph (2).

(2) The places referred to in sub-paragraph (1) are-

- (a) the place recorded in the patient's medical records as being his last home address;
- (b) such other place as the contractor has informed the patient and the Primary Care Trust is the place where it has agreed to visit and treat the patient; or
- (c) some other place in the contractor's practice area.

(3) Nothing in this paragraph prevents the contractor from-

- (a) arranging for the referral of a patient without first seeing the patient, in a case where the medical condition of that patient makes that course of action appropriate; or
- (b) visiting the patient in circumstances where this paragraph does not place it under an obligation to do so.

CPR guidance

The BMA, Resus Council and RCN have updated their joint guidance on the cardiopulmonary resuscitation - the BMA guidance is available [here](#)

Supporting pupils at school with medical conditions

The Department for Education has issued new statutory guidance and non-statutory advice on the roles and responsibilities of GPs in supporting pupils at school with medical conditions, which replaces previous guidance on Managing medicines in schools and early years settings published in March 2005.

This new guidance came into force 1 September 2014 and replaces previous guidance on Managing medicines in schools and early years settings published in March 2005.

Its aim is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

GPC guidance can be found [here](#)

AUA business rules

Business rules for the Avoiding Unplanned Admissions (AUA) Enhanced Service have now been published and can be accessed [here](#).

CCG Meetings with practices

The LMC notes CCGs have offered to meet with individual practices. The LMC is supportive of any efforts of the CCG to engage with their members. The LMC would like to strongly highlight the fact that practices are members and the CCG is a membership organisation. Therefore it is the LMC opinion that practices should take ownership of the agenda at these meetings and use them to highlight concerns, hold the CCG to account and ask what CCGs can offer to support General Practice. Hopefully by individual practices taking the initiative, these meetings should be empowering for practices rather than being used by CCGs to enforce compliance with their own agenda.

2015-16 Contract FAQs

A set of FAQs for the 2015/16 contract agreement have been published on the BMA website and can be accessed [here](#)

Patient on-line services

Patient Online is an NHS England programme designed to support GP practices to offer and promote online services to patients, namely: access to summary information (allergies, adverse reactions and medication) from their records, appointment booking and repeat prescriptions.

The contractual obligations of GP practices to offer and promote online services to patients are outlined in the GMS and PMS Contract Regulations, sections: 74C (1) (2) (3) – General Medical Services Contract Regulations, and 70D (1) (2) (3) (4) (5) (6) – Personal Services Agreement Regulations by 31 March 2015 available at [GMS and PMS Regulations](#)

As your Local Medical Committee we feel it is important we draw your attention to this so that you may understand your contractual requirements for patient online services.

Patient Online has been working in partnership with the British Medical Association, Royal College of General Practitioners and other Royal Colleges to develop [materials to support GPs](#) These materials include implementation guides, check lists, registrations forms, case studies, videos, reports, FAQs and guides to assist GP practices in delivering these services.

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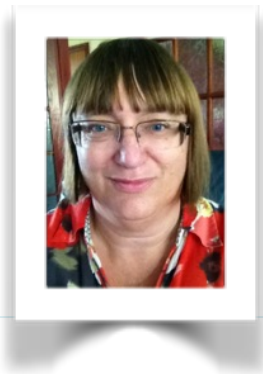
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Guideline development group members needed for the new NICE clinical guideline on End of life care for infants, children and young people.

NICE is looking for a GP to join their end of life care for infants, children and young people guideline development group. GPs may wish to apply for this post and as a way to get involved in developing NICE clinical guidelines.

NICE contact details are below:

Jessica Mai Sims
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Personal Profile - Dr Angela Pugsley

Name:	Dr Angela Pugsley
Place of Birth:	Stoke-on-Trent
Medical School:	Southampton
Year of qualification:	1986
GP Training:	Stoke-on-Trent
Current Place of Work:	Wolstanton Medical Centre
Partner/Salaried/Locum:	GP Partner
Full time/part time:	Full time
Committee member since:	March 2010
Current role on committee	General Committee Member, Remuneration Committee Member, Deputy LMC representative on JMOC
Medical-political interest or priorities:	Local policies
If I could change anything for GPs it would be.....	Reduce the bureaucracy in medicine so we can spend more time with our patients. To stop the never ending changes in targets so the goalposts stay stable.