September 2016 - Issue 27

Newsletter

North Staffordshire LOCAL MEDICAL COMMITTEE

Professional advice for General Practice

In this issue .....

Needed but not valued?

A while ago I had the displeasure of watching some day time TV. The Victoria Derbyshire show was discussing gender dysphoria with an eminent professor of the subject. He unfortunately illustrated the common paradox that holds back general practice from standing tall with specialist colleagues. The first thrust of his argument was that GPs know so little about such a complex and specialist subject. The second was that he was frustrated that GPs would not take on the work of his clinic in prescribing and monitoring the specialist medications. So there it is.... "you know nothing, but do my work". With this paradox, the world and his wife does general practice down. Needed but not valued.

Since that interview, NHS England and the GMC have waded in on the side of the Professor. I therefore note the GPC advice on the subject that attempts to defend the GP position.

Our options? If we are so incompetent our line could be that we cannot possibly take on all this prescribing of new specialist drugs and their monitoring. But to always fall back on this approach, whilst rightly challenging the paradox that specialists can have it both ways, reinforces our poorer standing in the profession. The other option is to break the paradox by proving we know more than others think but then refuse to do the work because it is unfunded. This leads to conflict with the specialists and patients: "you could do it but you choose not to" they will cry.

It is the GMC line that we must seek to train in new medical advancements to be competent to take on the new work, but it misses the point that when we do train there is no resource to fund the new work at the end of the training. Training can be expensive too. There is a palpable unfairness between the branches of practice here. A surgeon with a new procedure earns the hospital new money. A GP with new skills goes home later. This situation threatens the

retention of bright people in general practice. Surely we should be able to maintain our scientific curiosity and get joy from learning new things? Learning keeps us fresh, but if learning comes with more unfunded work, where is the joy in that?
Perhaps until we become specialists ourselves and stop referring and start delegating the paradox will remain? Until then refuse the work for whatever reason and save your learning for things that create efficiency in your own practice not others.

Focus On Gender Incongruence in Primary Care

A number of queries have been raised with GPC regarding the management of patients who present at their general practice with gender identity problems; including questions relating to patient records and confidentiality and, in particular, regarding prescribing and monitoring responsibilities in relation to the gender reassignment process.

In response, the GPC has produced new guidance, which:

- Aims to explain what should be provided in primary care
- Signposts to further sources of guidance
- Highlights some of the underpinning ethical and legal considerations.

Removal of Patients from Practice List

It is sometimes necessary (for various reasons) for practices to remove a patient from their list. The BMA provides guidance on this which can be found here.

Firearms Licensing - an update

After numerous concerns raised by GP colleagues about requests for medical reports in connection with firearms licensing the secretary has met with the Firearms Licensing Officer (FLO) who is responsible for the licensing of some 30.000 firearms in Staffordshire and

the West-Midlands. The meeting is summarised below.

Current practice is dictated by national home office policy, which the FLO has acknowledged is completely unsuitable. It has led to a stalemate between the FLO and local GPs who by and large decline to cooperate with the request to put a marker on patient records and provide answers to a medical questionnaire. The FLO has so far received 200 letters of complaint from GPs, and fully understands why GPs are deciding not to co-operate. The fact that the powerful firearms lobby/ shooting associations have instructed their members not to pay for a medical report in situations where GPs are willing to provide it, does not help the situation. There is no legal obligation on the certificate holder to pay for a medical report to be relicensed, but neither does the licensing agency have any obligation to pay.

The FLO has indicated that in instances where he has concern about the ongoing suitability of a person to hold a firearm, this person would be asked to surrender their firearm and their certificate pending further investigations. If this involves a medical report from the GP he would expect to pay the GP for this (but only in this situation). Prior to a first license being issued the onus is on the patient to pay the GP for a report.

We agreed that current firearms legislation is unfit for purpose and the FLO has offered to raise the plight of GPs on national fora to try and influence policy. The current situation is neither good for firearms licensing, the public or GPs. In the interim the FLO is drawing up a sample letter due to go out to GPs who decline to cooperate with the process, for the LMC to comment on before they are sent. As before though, the completion of a medical questionnaire and the tagging of patient records by GPs remains voluntary. The latest BMA guidance on this can be found here

Focus on industrial action and undated resignations

The BMA has produced some guidance, the purpose of which is to provide GPs with a broad overview of the main areas to note should they be in a situation where they are considering, or being asked for their willingness to, submit undated resignations and/or take industrial action.

GP access survey - guidance and letter

The letter and guide for completing the general practice access survey have now been published. They are both available on the NHS England website here The revised amendments to the GMS Contract Regulations which contain the provisions for the survey among other changes can be found here

Unplanned Admissions DES - when to review patients?

The guidance for the enhanced service states, "The care plan reviews must be carried out in consultation with the patient (and carer if applicable) and take place within 12 months of the development of the care plan or previous care plan review"

Focus on MCP Contract Framework

The BMA have published their Focus on the MCP contract framework. This provides an explanation of the contract proposals in the framework, as well as highlighting GPCs views and alternative model. The document can be downloaded here

Retained Doctor Scheme 2016

NHS England's Retained Doctor Scheme 2016 can be found here. Due to the purdah and other matters outside of the BMA's control, it has taken a lot longer than the original intended launch date. In terms of the salient points:

- The current sessional rate in the SFEs will be increased from £59.18 to £76.92 (for between 1 and 4 sessions per week). This translates to essentially the sessional reimbursement increasing from approximately £3000 to £4000 (so a maximum of £16,000 for the practice if the retained GP works 4 sessions).

- The bursary that has been available to the retained GP up till now is around £310 annual payment, irrespective of how many sessions they do - this will now increase to £1000 per session, so essentially up to £4000 if they work 4 sessions.

These payments will be available to current GPs on the scheme as well as for new GPs. The increased funding is available up till 30 June 2019. During this time a review of the retained doctors scheme will take place and the BMA hope to make improvements on the 2016 scheme.

Withdrawal of some generic drugs

This is a head's up to alert you to the fact that following quality assurance issues a range of generics are being withdrawn across Europe.

It is very difficult to know whether this will have an impact on GPs as that will depend on whether there are alternative generics available from other manufacturers. If there are not then pressures on supply of the branded drugs might increase, and with some there might be pressures on drug budgets due to price differentials.

Details of the drugs affected are in the last 3 pages of this **document**.

IG Support

NHS England (North Midlands) has acquired the services of Midlands and Lancashire CSU to provide GP IG support to practices across the locality (Staffordshire, Shropshire, Nottinghamshire and Derbyshire).

With immediate effect you will be able to able to access an IG portal, advice, guidance and support to assist you in demonstrating compliance to information governance and the IG Toolkit. The IG Toolkit is the method by which the Department of Health measures health and social care provider's compliance to the Data Protection Act 1998.

The CSU will also be scheduling face-to-face training events aimed at staff with IG responsibilities (e.g. IG Lead, Caldicott Guardian, Practice Manager).

Here is a link to Midlands and Lancashire CSU's Newsletter August 2016 detailing how to access their services.

If you have any questions or comments relating to this service do not hesitate to contact Lesley Baddley, Information Governance Co-ordinator, NHS England – North Midlands lesleybaddley@nhs.net

Direct GP Access to UNHM Clinical Portal

The UHNM Clinical Portal (iPortal) is being made available to all North Staffs/Stoke GP Practices.

The iPortal contains a comprehensive amount of patient information including:

- UHNM Appointments
- UHNM Inpatient and OPD activity
- UHNM Letters
- UHNM Results
- UHNM Alerts

The iPortal will be initially be accessible via a desktop icon on your practice computers, and subsequently be integrated with GP Systems using a Single Sign On.

If you are interested in having access to this information, please email ian.culligan@uhnm.nhs.uk the name of your practice and Ian will make contact about access and training.

General Practitioners' Defence Fund (GPDF)

The GPDF have produced a guide on the role of the GPDF which can be accessed on the LMC website here.

GP premises: leases and service charges

NHS Property Services (NHSPS) are looking to move anyone not on a lease onto the standard lease, as

negotiated between NHSPS and the GPC (GPC guidance on the standard lease is here. GPC also has guidance on premises charges. This provides a number of answers to common questions, but ultimately the general guidance is that "no tenant is obliged to pay a service charge except so far as the terms of the lease provide that a service charge is payable. The fact that the tenant has the benefit of a service does not, of itself, mean that the tenant is obliged to pay for that service. Equally the fact that a landlord does not receive payment for a service does not mean, in itself, that the landlord is entitled to refrain from providing the service."

If practices have been paying service charges without a lease in place, we advise that they continue to pay at the level they have been paying until a new lease is in place. We see no legal mechanism under which a practice can have increased charges imposed on them without a mechanism to allow for this (ie a lease).

It is important to remember that a lease is negotiable so if NHSPS approaches practices they should seek advice to ensure the lease is appropriate for their needs. Similarly the charges are negotiable to a large extent.

Some practices have suggested that the increase in rent and in charges would put the practice at financial risk. In these instances we advise the practice to approach NHSPS and their commissioner to put their case forward for either reduced charges, or for additional support.

With regard a 'subsidy' line on the charges sheet, this is in recognition of the approach being taken by NHSPS and CHP, which reflects the true cost of providing Facilities Management (FM) services. Some practices are now experiencing an increase in FM costs and so in order to smooth this transition to true costs, NHS England is providing transitional funding to offset FM charges. This funding is available for a fixed 2 year period, after which time we expect significant efficiencies in FM costs to have arisen.

Medical Indemnity Insurance

A letter from the Royal Medical Benevolent Fund, the Cameron Fund and the Royal Medical Foundation has been sent to NHS England. This letter was prompted by their working with GP beneficiaries who are having

difficulty in securing medical indemnity insurance when seeking to return to work. The letter suggests that it is the responsibility of NHS England to assist with indemnity cost during a GPs retraining period, and is asking NHS England to consider this.

GPC Newsletter

Here is the latest GPC Newsletter. which includes the Sessional GP e-newsletter.

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