



North Staffordshire
LOCAL MEDICAL COMMITTEE

Professional Advice for General Practice

April 2014 - Issue 1

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Editorial

A fresh start

Let me start by paying tribute to the 4 LMC committee members who have retired from the LMC committee after providing many years of valuable input and service to the LMC - Dr Jagdish Boyapati, Dr Ally Talpur, Dr Uday Pathak and Dr Vasantha Maheepathi. Their dedication and willingness to speak out has made an invaluable contribution to the working of the LMC. This month has seen the LMC elections produce a refreshed LMC committee, with 4 new members. About half of eligible GPs voted to choose their preferred candidate. We welcome Drs Hrishii Pathak, Priya George, Pralav P Shah and Mamta Chada as we count on their strength and inspiration to help safeguard and improve local General Practice, with numerous challenges already ahead.

We are facing a Recruitment and Retention Crisis in General Practice, with at the latest count 14 unfilled vacancies, and 6 practices not even receiving a single application to their vacancy. The LMC is working with the Area Team and the 2 CCGs to try and address this.

Then there are the now customary national contract changes, as well as changes to local contracts from both CCGs and Public Health Departments, the latter two being subject to local negotiations with the LMC. Practice payments have been changed (without consultation with the LMC), which in some instances is causing cash-flow problems in practices. Oh yes, and then there is the elusive £5 per patient promised to us for providing additional services to our over 75s (needs LINK here to document). Quiet a few

issues for our new LMC members (and the rest of us at the committee) to get their teeth into then....



Dr H Van der Linden

Registering new patients: Is proof of identity or address required

There has been a lot to do in politics and the media about GPs being expected to check that patients are eligible for NHS care. Practices should be aware that there is currently nothing in the regulations to suggest that it is the practice's responsibility to check whether patients are eligible. They may ask patients who are registering to provide the practice with their NHS card or NHS number, but the patient is NOT obliged to provide this. Practices MAY choose to ask for a proof of identity and/or address, but if they do they are advised to follow this practice consistently to ensure that they do not act discriminatory.

GPC Newsletter

Below is one of the articles taken from the GPC Newsletter (Issue 14) dated 22nd April. See further links below to other GPC newsletters published this month.

Pneumococcal vaccine arrangements

As part of the recently announced contract changes practices will now be able to offer pneumococcal vaccination both to patients who have achieved the age of 65 during the financial year 2014-2015 as well as to patients identified as at clinical risk as indicated in the Green Book. However, as the scheme will delivered alongside the seasonal influenza vaccination DES which does not start until 1 August 2014, LMCs should work with their area team to ensure local schemes are retained from April until August to bridge any gaps so that practices can vaccinate at-risk patients when appropriate.

[GPC Newsletter Issue 13 - 4th April 2014](#)

[GPC Newsletter Issue 14 - 22nd April 2014](#)

Practice Boundaries ruling

Patient allocations remain a hot topic, and questions have recently been raised again about the allocation of patients residing in nursing homes outside of the practice area. After consultation with the Area Team the following guidance has been issued:

Regulations allow the Area Team to allocate patient from outside a practice area. This is not often done, but in certain circumstances, generally related to nursing homes, this does occur.

If a nursing home opened which was outside everyone's published practice area, allocation would be by rota, based on the nearest half dozen or so practices. However if a large nursing home opened and is only in one practice's area, in theory, a practice would be obliged to accept all of the patients. However, rather than overload the practice, the preferred Area Team solution would be for practices to agree to take a share of the home, if practices are unable to do this then the Area Team would allocate a practice.

In terms of October visiting changes, Practices will be able to choose to register patients outside their area, without having an obligation to visit. The intention of this is to promote choice, There is a perception that groups such as commuters will be able to register with practices close to work, who obviously aren't able to visit at home, but also that patients will vote with their feet, and move to 'better' practices. This will apply only to patients registered after 1st October. Effectively this means that the Area Team will have to find a way of commissioning a visiting service for this small patient cohort - almost certainly at great expense - and with the money coming out of the General Practice budget - which will clearly reduce the funds the Area Team has available for practices.

It also doesn't appear to apply to allocated patients - so a practice allocated nursing home patients just outside their patch would still be obliged to visit when clinically appropriate. The Area Team has started to look at this and will involve the LMCs in any decisions made. Effectively this means that the Area Team will have to find a way of commissioning a visiting service for this small patient cohort - almost certainly at great expense - and with the money coming out of the General Practice budget - which will clearly reduce the funds the Area Team has available for practices. It also doesn't appear to apply to allocated patients - so a practice allocated nursing home patients just outside their patch would still be obliged to visit when clinically appropriate. The Area Team has started to look at this and will involve the LMCs in any decisions made."

The Safe Management of Healthcare Waste - Self-medicating patients and sharps disposal

- The Safe Management of Healthcare Waste published in March 2013 describes the arrangements that should be in place for the disposal of sharps for self-medicating patients, and the following points are taken from the Community Healthcare section of this document, (Section10).
- 24. Where the householder is a self-medicating patient who uses injectables (for example a person with diabetes) with no healthcare worker involved in the administration, the GP or healthcare worker should prescribe the householder a sharps receptacle relevant to the medication being administered and advise them of local disposal options.
- 25. The householder should be trained in how to use the sharps receptacle before it has been prescribed, to ensure that they understand its use and ensure it is correctly sealed and labelled.
- 26. Once the sharps receptacle is filled to the "fill line", it should be sealed by the householder and taken back either to the GP surgery or to the local pharmacy for disposal, or arrangements for collections should be made with the PCT or local authority. For self-medicating housebound patients, the GP or healthcare worker responsible for prescribing treatment should advise on collection arrangements.
- Since 1st April 2013, NHS England has taken on contractual responsibility for both clinical and pharmaceutical waste collections, and within the Staffordshire and Shropshire Area team contracts are currently in place with the West Midlands Ambulance Service (WMAS) and PHS Ltd respectively. All costs associated with the collection of clinical and/or pharmaceutical waste are borne by NHS England. Provider organisations have separate waste contracts for activities undertaken by their staff, but this is outside the scope of this document.
- WMAS are contracted to collect sharps bins from GP practices including those within health centres on either a weekly basis from larger practices, (with the exception of public holidays), or either fortnightly or monthly from smaller practices dependant on waste volumes generated. It is therefore recommended that all self-medicating patients who use injectables are advised to return their relevant sharps receptacle (invariably a yellow-lidded 1 litre sharps bin) to their own GP practice for disposal.

- If patients are returning their sharps bin to a health centre, then they must be advised to hand them to a GP practice within the centre rather than to any district nurse teams who may also be based there, due to the separate contractual arrangements.
- Patients should be advised to return pharmaceutical waste to any community pharmacy as this is a contractual responsibility, but the pharmacy contract does not include provision for the disposal of sharps. NHS England does not have a separate contract in place with them for this, nor does it intend to do so, and although some community pharmacies will accept sharps back from patients, this is because they have arranged private contracts with waste providers generally for other services that they may provide (eg. Needle exchange services for addicts).

Defibrillators in GP surgeries

"All practices should acquire an AED" states the UK Resuscitation Council Guidelines, cardiopulmonary resuscitation guidance for clinical practice and training in primary care.

Although it is not mandatory for GP practices to hold an AED, the UK Resuscitation Council recommends "Early defibrillation should be available throughout all hospitals, outpatient medical facilities, and clinics"

The Resuscitation Council's guide to AEDs can be found [here](#)

Legal issues

In English law, for someone to be held liable it would have to be shown that the intervention had left the victim in a worse situation than if there had been no intervention. In the circumstances under discussion (i.e. someone who is technically dead following a cardiac arrest) it is very unlikely that this would arise. No case brought against someone who tried to provide first aid has been successful in the UK, where the courts have tended to look favourably on those who try to help others. This subject has been considered in detail, and detailed legal advice is offered elsewhere on the Resuscitation Council (UK) website click [here](#)

The second concern is whether someone might be sued for failing to have an AED available when someone sustained a cardiac arrest - there have been high-profile cases in other countries where this has happened. Legal advice on this subject is also available on page 16 of the document.

Care Data guidance for GPs

For those practices who require updated information the BMA has issued [guidance](#) on Care Data.

For the BMA news story on the delay in the timescale for data extraction [click here](#)

Music Licensing

The LMC wishes to remind practices that if playing recorded music including radio and TV in your practice, then you are legally required to have a licence.

The GPC have been contacted by PPL, which is a music licensing company that works on behalf of performers and record companies (most of them small businesses or sole traders) to license, amongst other activities, the playing in public of recorded music. PPL's role stems from the legal requirement that the permission of the copyright owner must be obtained before a sound recording can lawfully be played in public, by virtue of the Copyright, Designs and Patents Act 1988.

PPL issues licences to many medical practices and surgeries for the playing of background music within their premises and to date have not experienced any significant issues with licensing BMA members.

For more information, including an explanation of the difference between PPL and PRS for Music visit PPL's website [here](#)

Fees for copying medical records

Following a query from a practice regarding the copying of medical records, the link below will take you to the BMA website which sets out fees for both copying of medical records and also fees to allow patient access to their own records if a copy is not required.

[Fees for copying/access of medical records](#)

Dealing with violent and aggressive patients

The LMC has published some guidance on the [LMC website](#) for dealing with violent and aggressive patients.

Occupational Health Services for GPs and Practice Staff

In addition to Occupational Health support to GPs, Occupational Health Services, based in Fenton and run by Telford and Wrekin NHS, continue to provide both advice on pre-employment medicals and management of Practice Staff for Stoke and North Staffs CCG practices.

The following forms need to be completed to access the service:

- Non-clinical - workforce health questionnaire
- Employee Referral Form 2012
- Workplace Health Questionnaire Version 3 Dec '12

The above forms can be downloaded from our [website](#)