

Newsletter



North Staffordshire
LOCAL
MEDICAL
COMMITTEE

Professional advice for General Practice

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Editorial

Dear colleagues,

Hopefully many of you have managed to have a decent break over the Summer and others have not found cross-cover too onerous.

We are currently still disputing the final response from the Area team with regards to the pharmacy flu initiative. This remains completely unacceptable to the LMC and would harm our own GP service provision, allowing pharmacies to cherry pick easy to reach mobile patients and leaving us with the more challenging ones. It would also leave practices with surplus flu vaccines with financial penalties. North Staffordshire is being penalised for poor performance elsewhere in a very adversarial way by the Area Team.

The LMC will soon update with regards to DMARD prescribing, interface with midwives and ongoing inappropriate secondary care delegation. Any more unfunded work transfer is unacceptable.

Nationally within the Department of Health there is a recognition that primary care has had 20% disinvestment in the last 5 years, whilst simultaneously having a significant transfer in complexity of patients from secondary care, leaving a care gap or void which is unsustainable. This must be addressed and their main suggestion from a capacity perspective, given the lack of GPs and practice nurses in the short and medium terms, was the surplus of pharmacists. This will need further exploration.

Regards,

Dr Paul Scott
Chair North Staffs LMC



GPC News

- [Click here](#) for the latest GPC Newsletter
- The Appendix to the above GPC newsletter - 'Dementia extraction opt out form' can be downloaded from the LMC website [click here](#)

Healthwatch enter and view visits

Entry and viewing by Local Healthwatch organisations - 91B, Page 154 states that "The contractor must comply with the requirement to allow an authorised representative to enter and view premises and observe the carrying-on of activities on those premises in accordance with regulations made under section 225 (duties of services-providers to allow entry by Local Healthwatch organisations or contractors) of the Local Government and Public New Indemnity Order

The LMC has been made aware of some new legislation that requires all healthcare professional to have indemnity arrangements. There was previously no requirement for private practitioners to have indemnity but this has all changed on 16th July 2014. At the same time the NMC has required all nurses to be indemnified prior to obtaining or maintaining registration.

The Health Care & Associated Professions (Indemnity Arrangements) Order 2014 [SI 2014 No 1887] is available at

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For an extract of Schedules 1 and 2 which amend the Medical Act 1983 and the 2004 GMS and PMS regulations [click here](#).

The LMC is not aware of any specific guidance, but would suggest that general provisions in respect of confidentiality must obviously apply, as well as ensuring that the visit is in no way detrimental to the delivery of patient care.

End of life care and CQC inspections

Practices may wish to note the following paragraph, extracted from a document entitled 'One Chance to get it right'. This was published by the Leadership Alliance for the care of the dying and was produced in response to the Liverpool Care Pathway.

Inspection and regulation

89. the care Quality commission (cQc) consulted

on proposals to make significant changes to its inspection approach in 2013. the new inspection approach is being implemented in 2014 and will examine whether the service is safe, effective, caring, responsive to people's needs and well-led for all the sectors they regulate. this includes acute hospitals, primary care, adult social care, hospices and community health services.

this new approach to inspection is designed to get to the heart of people's experience of care. the role of health and care staff cuts across the five domains of care³⁸ and the role of health professionals in planning and delivery of care will be a key component of the judgements cQc inspection teams make. For example, in considering whether the care delivered is effective, inspection teams will look for evidence that services, treatment and care are delivered by qualified, competent staff who are supported in their development and in their role. in terms of end of life care, this will mean inspection teams consider the role health and care staff play in care in the last few days and hours of life as well as care provided after death, including the support provided to bereaved families and carers.

PIP Codes scam

Chemist and Druggist (C&D) believe practices are using PIP codes without a valid licence and have been sending final demands insisting on payment. C&D argue that they own the intellectual property rights of PIP codes, which dispensing (and other) practices and pharmacies use to order pharmaceutical products electronically from wholesalers, and as such are required to have a valid C&D PIP code licence in order to use their codes.

However, the GPC, the Dispensing Doctors Association (DDA) and NHS England believe that because practices order through a wholesaler, who in many cases have an end user license, they should not be charged again for this licence. Consequently, we agree that practices should not pay any invoices they receive from C&D demanding payment for the PIP licence.

NHS England is monitoring the situation and if practices encounter any problems the GPC is keen to hear from them via info.gpc@bma.org.uk so that they can follow this up.

Sabbatical

If you are thinking of having a sabbatical, make sure you are well prepared. Below you will find some advice on issues that you need to consider.

First of all make sure that your partnership agreement clearly sets out your rights and responsibilities. If there is no reference to a sabbatical in your agreement I would recommend that you obtain any arrangements within the practice in writing.

It is advisable to notify your appraiser prior to going on sabbatical leave so that they can assess any potential impact that the leave will have on your revalidation arrangements. If your next appraisal is not yet due, your appraiser may advise you to go through appraisal immediately prior to going on sabbatical leave anyway, so that you are as up-to-date as possible before the sabbatical leave. Whether this is necessary would normally depend on the length of the sabbatical leave.

Your appraiser should also look into whether you will need to collect evidence for revalidation purposes during the sabbatical leave. If your appraiser is unsure whether or not the period of sabbatical leave will have any impact, they should seek advice from the Responsible Officer.

If the sabbatical leave is for less than a year and your appraiser is satisfied that you will be able to provide evidence for future revalidation purposes, there would be no need to notify the GMC. If the sabbatical is for a longer period and your revalidation arrangements change (eg you have a different appraiser during the sabbatical leave), it is advisable to notify the GMC of the start and end date of the sabbatical leave.

Your medical defence organisation should also be notified of the length of the sabbatical leave and the nature of any clinical tasks that will be undertaken during this time, for indemnity purposes. There are no other organisations that must be notified of a period of sabbatical leave, but you may also wish to speak to your accountant.

LMC Officers

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New Indemnity Order

GPs may be aware of new legislation that requires all healthcare professional to have indemnity arrangements. Previously there was no requirement for private practitioners to have indemnity but this changed on 16th July. At the same time the NMC has required all nurses to be indemnified prior to obtaining or maintaining registration.

Health Care & Associated Professions (Indemnity Arrangements) Order 2014 [SI 2014 No 1887] is available [here](#)

Supporting children with health problems

The DoFE has published some [guidance](#) to help governing bodies meet their legal responsibilities.

From 1 September 2014 a new duty will come into force for governing bodies to make arrangements to support pupils at school with medical conditions. The statutory guidance in the document is intended to help governing bodies meet their legal responsibilities and sets out the arrangements they will be expected to make, based on good practice. The 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.

The guidance suggests that there is a statutory duty on NHS England and CCGs to assist schools (Section 3 NHS Act 2006, as quoted). It is possible that practices will be contacted by schools with a request for help or reports. It is important to note that GPs do not have a statutory duty to provide this service.

The LMC is awaiting guidance from the GPC as to whether it is NHS England or the CCGs who will commission this work, and whether it will be subject to collaborative fee arrangements. We will update practices in due course.

Personal Profile - Dr Hrishi Pathak



Name:	Hrishikesh Pathak (silent 'H' and shortened to Hrishi)
Place of Birth:	Pune, India
Medical School:	Manchester
Year of qualification:	2002
Area of GP Training:	Leicester
Current Place of Work:	Cobridge - the elastic band effect of Stoke! (Grew up and went to school locally - St Joseph's College)
Partner/Salaried/Locum:	Partner
Full time/part time:	Full time (definitely)
Committee member since:	May 2014
Current role on committee	Regular member
Medical-political interest or priorities:	To help ensure that the current erosion of General Practice is halted and reversed.
If I could change anything for GPs it would be.....	"... to re-establish professional satisfaction by eliminating all the zero-value work foist upon us by those with power but no clinical insight."