August 2015 - Issue 17

Newsletter

North Staffordshire LOCAL MEDICAL COMMITTEE

Professional advice for General Practice

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Turning a glass half-empty into a glass half-full

There is no denying it: General Practice is going through a time of unprecedented challenges, many of which are reported in the LMC newsletter. Unfunded transfer of work from hospital, community and public health services, reduction in funding, CQC inspections and questionable charges for practice premises to name but a few. Add to this the recruitment crisis, and the negative publicity General Practice has to endure in the media on a daily basis, and it is easy to be left with a feeling that it is not worth bothering to become a GP, which has rapidly become a self-fulfilling prophesy. Many GP training posts in the country remain unfilled, with most of the vacancies in the West-Midlands and North East.

The time has come to consider how we can make General Practice attractive again for our young generation of medical graduates. We need to consider how our passion for General Practice and the positive aspects of working as a GP can be shared with medical students. The General Practitioner Committee of the BMA is making funding available for LMCs to bid for projects which would benefit the whole GP community. It appears to me that this funding could provide an ideal kick-start for a positive recruitment campaign. It would offer us an opportunity to do something innovative to entice medical graduates into General Practice. I would like to invite anyone to come up with ideas that make General Practice look more like an opportunity than a challenge, more like a glass half-full than a glass half-empty.

Dr Harald Van der Linden
Secretary, North Staffordshire LMC

Cremation Regulations

Dr Sharon Tuner has recently been appointed as Medical Referee at Bradwell Crematorium and, having reviewed a good number of Form 4 and Form 5's has produced some guidance regarding cremation regulations (below). Dr Turner suggests that this letter could be used by practices as part of their induction/locum folder.

Cremation forms are legal documents and are kept for 15 years.

The cremation regulations were updated in 2008 and were implemented in January 2009. The vast majority of form 4 and form 5s have been correctly completed. However Dr Turner felt it important to update GPs, particularly about the increase in number of battery powered and other implants that could cause problems during cremation.

Below is a summary that you may find helpful.

1.All questions on forms 4 and 5 should be answered.
2.All forms should be completely legible.
3.Form cremation 4 should only be completed by a Medical Practitioner who has treated the deceased during their last illness and who has seen him or her within 14 days of death. If the main treating Medical Practitioner has gone on leave or fallen ill it may be possible for another Medical Practitioner to complete form 4, but only in exceptional circumstances.
4.Modes of death such as multi organ failure or heart attack are not acceptable and the proper cause of death must be stated. Guidance on death certification is discussed on the GMC and MDU website, but for more detailed information please read the guidance **here**
5.Old age as a standalone cause of death for over 80's is acceptable with evidence in the narrative box. Old age is commonly given as a cause of death where the deceased has been suffering from a number of conditions leading to death and where it has not been possible to decipher which condition lead to the death. It must not be used when the cause of death is unascertained. Old age can be used of a cause of death in the under 80's but only with good evidence in the narrative box.
6.Cremation 5 Medical Practitioner's must be fully registered for at least 5 years and cannot be a Partner or colleague in the same practice or clinical team of the Doctor who issued form cremation 4. The two Medical

Practitioners must be truly independent of one another. For true independence please try and vary the second doctor.

7.Similarly, if the deceased died in hospital and the Medical Practitioner filling in form 4 is based in the hospital the deceased GP cannot sign form cremation 5.

8.Abbreviations for cause of death are unacceptable and causes such as Cerebrovascular Accident must be qualified as non traumatic.

9.Please make sure the narrative section is legible.

10.Question 12 and 13: The Coroner does consider that invasive diagnostic procedures could have contributed towards the cause of death and therefore you need to discuss this with the Coroner first.

11.Questions 14, 15 and 16. Specific names and contact details should be given and an unnamed Nurse or family member with no contact details is of no particular value.

12.Question 23. Removal of implants. The following battery powered and other implants could cause problems during cremation, and the list is getting longer:

- Pacemakers,
- implantable cardioverter defibrillators,
- cardiac resynchronisation therapy devices,
- implantable loop recorders,
- left ventricular assist devices, right ventricular assist devices or bi ventricular assist devices,
- implantable drug pumps including intrathecal pumps,
- neuro-stimulators including for pain and functional electrical stimulation,
- bone growth stimulators,
- hydrocephalus programmable shunts, any other battery powered implant,
- fixion nails,
- brachytherapy to the prostate ie: radioactive iodine 125 seeds. The advice is that they can cause radiation for up to one year and if death occurs within 12 months following implantation the seeds should be removed.

13. For both form 4 and form 5 the Doctors name must be in full and in capitals and legible.

Countersigning of D/N drug administration charts

As previously confirmed there is no need for GPs to countersign these charts. This is provided that the GP

who has issued the original prescription has provided clear guidance on administration, as requests for clarification from D/Ns would otherwise still be justified

The LMC has met with Dr James Shipman, Medical Director at SSOTP and he has confirmed that he is asking Paul Fieldhouse to work with Rose Goodwin to ensure that SSOTP's transcribing policy ensures that DNs are complying with the NMC code of conduct.

GPs and pharmacists invited to webinars on clinical pharmacy pilot scheme (England)

NHS England, the Royal Pharmaceutical Society and other partners in the GP Workforce 10 Point Plan are organising a series of webinars and events to help GP practices and pharmacists understand more about its clinical pharmacists in general practice pilot Launched on 7 July, this innovative new scheme will introduce around 250 clinical pharmacists into general practices. GP practices and networks/federations are invited to bid for funding as part of the £15 million pilot

These events are aimed at GP practices and pharmacists and will help them:

- understand the role of pharmacists in helping to reduce GP workload in general practice
- understand the application process and how to make a good application
- get their questions answered by a live panel.

Applications to the pilot will close on 17 September.

For a full list of webinars and live events and to book click here and book your participation.

Sessional GP e-newsletter

Here is the August edition of the sessional GP e-newsletter.

Men B practice nurse advice on administration of paracetamol

The following guidance has been published by PHE in relation to recommending/issuing of paracetamol following Meningitis B vaccination.

LIS Staff Costings

The CCGs have sought an agreement from the LMC on the level of charges practices can submit for work related to the LIS contract. The committee is of the opinion that it should not agree to these charges, in particular in light of research produced by the Personal Social Services Research Unit (PSSRU) which indicates that fees should be substantially higher. The LMC therefore advises practices to use the CCG suggested fees as a reference only, and to be mindful of the PSSRU recommended fees. A table is detailed below for reference.

Role	CCG Proposal	LMC proposal (based on PSSRU research data)
GP Clinical	75-100	175-266
GP non-clinical	50-75	109-146
Nurse band 5	10-15	34-53
Nurse band 6	15-20	43-74
Nurse band 7	20-25	51-99
HCSW/Band 2-4	7.5-10	20-30
Admin support	7.50-10	20-25
Practice Manager	15-20	50

Access to and copying of medical records

There are a number of exceptions to fee charges for access to and copying of medical records. There is guidance on the BMA's website here

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Vaccinations and immunisation update

The 2015/16 vaccination and immunisations guidance and technical requirements to support GMS changes have been updated to include the new and amended meningococcal programmes.

The documents are available to download directly from the NHS Employers website here. These can also be accessed on the BMA website vaccination and immunisation pages.

Public Health requests for audit/reports

Reports have reached us that on occasions Public Health England is asking practices to complete (lengthy) audits in relation to patients who have contracted an infectious disease. We want to remind you that the provision of such information is chargeable under Schedule 5 - fees and charges.

Carr-Hill formula

The disappearance of MPIG and review of PMS practice funding may have a significant impact on some practices. The GPC and NHS employers are in discussions to review the Carr-Hill formula, which they are aware will not provide adequate funding for some atypical practices. These practices either have a very low weighted patient number or have costs which cannot be met by capitation based payments. Please let the LMC know if you feel this applies to your practice.