December 2015 - Issue 21

Newsletter

North Staffordshire LOCAL MEDICAL COMMITTEE

Professional advice for General Practice

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Christmas wish list

It is 3 PM on Christmas Eve as I'm writing this, thinking back about events in the last few weeks and months. It has been a turbulent year for General Practice with many changes yet to come. The mood at last week's national LMC secretaries conference very much reflected this. An acknowledgement that the status quo cannot continue, has given rise to the realisation that something has to give or change. We discussed various models of care as outlined in the 5 year forward view document, and the government's national drive for General Practice to work at scale, in the hope that this will bring efficiencies.

Locally our CCGs, in collaboration with South Staffs CCGs, are working on a Primary Care Strategy which should help set the direction of travel for us all. An initial draft has been reviewed by the LMC and the GP federation, but was found lacking in focus and not suitable for adoption as it stands. A CCG membership event is now planned for early next year so that practices themselves can determine what General Practice in Staffordshire should look like.

It is becoming increasingly likely that future GP contracts (probably from April 2017) will incentivise closer collaboration between practices, facilitating at least sharing of patient data, and providing a 7 day 8 to 8 service to each others patients through a hub and spoke model. Paul and I will explore this further at our next regional LMC meeting on 21st January, when representatives from large GP partnerships in Birmingham will share their experiences with us.

Meanwhile we are working on addressing the workforce crisis, with 24 practices having expressed an interest in recruiting a GP from Holland. This should not prevent practices from bolstering their capacity and improving their efficiencies by optimising their staff skill mix. To further support this I have put forward a motion for discussion at the special LMC conference

on 30th January, which seeks national implementation of direct patient self-referral to physiotherapy services for all patients with musculoskeletal symptoms, whilst at the same time funding training and placement of physiotherapists in General Practices, to help manage the 20-30% of current adult consultations relating to musculoskeletal conditions.

All the stresses in General Practice can take their toll, and I'm pleased to announce that earlier this month I attended a national meeting to help formulate a mental health support scheme for GPs. This is now expected to be implemented and rolled out across the country towards the end of next year.

I know I have left it a bit late, but for what it is worth, here is my Christmas wish list:

- Government please spend more on the NHS in general - in keeping with other developed countries
- and of the money spent on the NHS dedicate at least 11% on General Practice as before (this is now only 7.5%)
- Oh, and please don't expect us to take on any more unfunded work

Have a good Christmas and very best wishes for the New Year!

DNACPR

Both SSOTP and UHNM have changed their DNAR forms following criticism from the CQC. They now aim to mirror the form suggested by the resuscitation council. It was suggested that practices could gradually change over to the new forms. Regrettably these changes were not discussed with the LMC, nor with the end of life lead Dr Gerald Morgans. There is no need to replace existing (completed) DNAR forms with a new one. It is only when new DNACPR forms are issued that we would recommend using the new DNACPR form. DNACPR guidance can be found here

Partnership Agreements

This article is prefaced with the disclaimer that the LMC is not a lawyer, accountant, or independent

financial advisor and so is not giving individual advice for which we refer you to any of the above.

Increasingly we are seeing practices unable to recruit to vacancies which has the effect of concentrating the practice liabilities with fewer and fewer GP. It is of concern that in the current situation where practices are held by an individual as a sole trader or individuals as an unlimited partnership, these liabilities are unlimited. At its worst, a GP may have to sell their house to pay a debt such as redundancy payments.

Many people are unaware that in fact a limited company can hold a GMS contract according to the regulations. By the company being limited by the sum of the shares invested, liabilities are limited using this legal structure.

The LMC has been in contact with BMA law. They say that a practice wishing to convert to being a company limited by shares might only need to write to NHS England to ask for this so that the contract remains continuously. They offer their services in drafting that letter.

Since 2006 the NHS pension is open to owners of practices that are companies limited by shares. How the pension is administrated for tax purposes is complicated. Dividends are superannuable if paid in the year the profit was earned but not if deferred. Tax relief is not available against dividend income, employer payments are a deductible expense against corporation tax. Pension tax relief can be obtained against salary. Given the owner control to defer profits, it does enable those close to contribution thresholds to plan how much they pension.

AUA Care Plan Reviews

Following a number of queries about how often the care plan for the Avoiding Unplanned Admissions (AUA) enhanced service needs to be reviewed, NHS Employers has published the following FAQ:

How often does a care plan need to be reviewed for patients remaining on the AUA register from previous years?

Practices are expected to review a patients care plan at

least once during 15/16. The service specification requires that a review is carried out within 12 months of the creation or last review of the care plan and the Business Rules are structured to look back 12 months, therefore the data collection at the end of September 2015 looked back to 1 October 2014 and for the March 2016 collection it will look back to 1 April 2015.

Practices should review care plans more often if appropriate to the patients, but care plans must be reviewed at least once in a rolling 12 month period in order to meet the criteria for payment.

All the AUA FAQs are available in the Enhanced Services FAQs section of NHS Employers' website

Consolidated GMS and PMS Regulations

The consolidated GMS regulations have been laid and will come into force on 7 December 2015 – reference SI 2015 No. 1862. The consolidated PMS Regulations will come into force at the same time – SI 2015 No 1879.

They are available through the links below and a PDF is also accessible.

http://www.legislation.gov.uk/uksi/2015/1862/contents/made

http://www.legislation.gov.uk/uksi/2015/1879/contents/made

Primary Care Support Services (PCSS)

For practice experiencing issues with PCSS and who wish to make a complaint, these can be sent to

PCSEngland@capita.co.uk

The GPC also has representation on a national working group, so if there are any issues likely to be of national significance, these can be directed to the GPC via the LMC.

Publication of GP net earnings

This year's GMS contract guidance requires practices to publish their average GP net earnings before 31st March 2016. This document (page 10-16) provides an extensive guide on how to compile the data for this. Given the complexity of this requirement practices may wish to liaise with their accountants to see whether they can provide the information on their behalf.

PHE vaccine update

The GPC has advised that this year the FluMist® Quadrivalent vaccine is available as well as Fluenz Tetra® vaccine, due to a shortage of Fluenz Tetra. However, practices need to be aware that the expiry date of the FluMist vaccine is 24 February 2016, and should not be used thereafter. The following information was included in the PHE vaccine update (no 237).

When does the FluMist nasal vaccine expire?

To ensure timely supply, changes in the supply schedule were required. This has resulted in a mismatch between the actual expiry date and that printed on the packaging and labelling. The two batches of FluMist quadrivalent being supplied (FL2113 & FL2118) must not be used after the 24 February 2016. This does not affect the safety, quality or efficacy of the batches. In agreement with the MHRA, a pre-planned withdrawal of any unused stock of FluMist quadrivalent will begin on the 25 January 2016. This will help ensure that no time-expired vaccine remains in circulation. AstraZeneca's logistics provider, Movianto, will contact you to arrange collection. Please quarantine any unused FluMist quadrivalent ahead of 24 February 2016. This should avoid accidental administration prior to collection.

Batches of UK labelled Fluenz Tetra will not be subject to the withdrawal and may be used up to the expiry date stated on the carton and nasal applicator.

Stop Press

The LMC has learned that the online pharmacy, Pharmacy2U, is experiencing difficulties dispensing medicines to some patients, with some unlikely to

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receive medications they have ordered until 11 January. Pharmacy2U has put in place a plan to contact as many of its patients as possible, to ensure their needs are identified and to refer them to alternative pharmacies if required. Further information is available in this letter.

Private referrals - patient and consultant info leaflet

In an attempt to clarify to patients (and private consultants) what they can and can't expect from the GP following a private referral, practices may wish to use the **'Private Referrals-Advise Leaflet for Patients and Consultants 2015'** which can be downloaded from the LMC Website

Outcomes of December LMC meeting

- Ideas for use of CCG Winter Pressure monies were discussed. A visiting and extended hours scheme has since been offered out to practices.
- A possible GP recruitment scheme was discussed with representatives from NHS England, who agreed to support a recruitment drive from Holland, which has since attracted 24 practices.

Sessional GP e-newsletter

Here is the December Sessional GP e-newsletter.

GPC Newsletter

Here is the latest GPC Newsletter

LMC Practice Liaison Officer post

The LMC welcomes Mrs Anne Sherratt who retires from her Practice Manager role in December, and will take up the helm as GP Practice Liaison Officer for the LMC from mid January. Anne will be supporting the LMC officers team.