

North Staffs LMC Newsletter

Jan/Feb 2018 – issue 38



Dear colleagues,

This is a quick update on several issues -

1. The CCG will be writing out shortly about the forms and criteria for applying for learning, development and innovation monies. The support % offered and backfill options have been improved considerably and the budgets for our two CCGs remain quite generous. The CCGs and LMC do want this spent in the most sensible, sustainable and constructive way and do want it spent. Please consider how this may fit into your own, your nurses and practice managers' personal development and apply.

2. The flu advice on the 3 jabs, their age ranges and changing orders has been sent out by the LMC recently. All practices should be able to change their orders without penalty - if problems arise, please contact NHS England and/or the LMC.

3. The CCG boards and the LMC are continuing to press for the October 2018 extended access contracting to be restricted using list based principles, rather than going out to national open tender. This would allow groups of localities to configure and deliver sensible local arrangements staffed by local clinicians. This may even offset into some in hours cover and needs planning for weekdays and potentially at greater scale, for weekends and bank holidays. The Federation is also willing to support and mediate the chosen design roll-out. From a LMC perspective, it is essential that this is a quality service that "swallows its own smoke" and doesn't see and dump back in hours. It remains unclear how much of the service will be booked by practices themselves (as an extension of in hours) and 111. The model has the potential to be

enhanced in the future and is well funded. This is a genuine properly funded opportunity to be a win/win for local general practice, but will require some flexibility and innovation. Please discuss options at locality level and the LMC will continue to be a voice at Staffordshire and Northern Staffs levels.

4. The indemnity issue continues to be debated and negotiated at national level. The LMC is aware of offers of insurance based indemnity with no or only partial run off cover, depending on whether a potential complaint was notified within the full cover period. This in many cases is not foreseeable and therefore not safe. This can occur for example with OOH. As we leave the Winter NHS indemnity period, the LMC strongly recommends all colleagues to reconsider their cover, especially for non-core work and its actual viability. Also the MDU offer of lower fees +/- a buy back if the negotiations don't deliver did not reassure the regional LMC meeting representatives, including Harald and myself, on 31.1.18. We are assured by the GPC that the final DoH offer must encompass all colleagues in NHS primary care work. There may still be low level personal cover required for the low level of private activity forms and personal advice and this is what colleagues have in secondary care on top of crown indemnity.

Dr Paul Scott
Chair



DVLA Requests for information

LMC members in other areas report no dissent from the DVLA in invoicing for the cost of two or more

reports when the DVLA send through more than one type of questionnaire in one request for one patient. Each questionnaire has a three-letter code plus number in each corner, if there is more than one code in one submission then there should be more than one fee paid.

Patients in Prison

A practice has contacted the LMC asking if they still have to keep a Patient registered at the Practice if they are aware that the Patient has been in Prison for a few years, and still is in prison. NHS England have advised that the practice needs to remove the patient from their list, and upon their release the person in question will be able to register with a practice of their choice.

Taxi Medicals

The form for Taxi Medicals which GPs are asked to complete asks whether you as a GP consider the patient fit to carry out duties of a hackney/carriage. Strictly speaking this is not the GP's responsibility, according to government guidance, and answering this question may expose you to litigation.

"Responsibility for determining any higher standards and medical requirements for taxi drivers, over and above the driver licensing requirements, rests with Transport for London in the Metropolitan area, or the Local Authority in all other areas."

So, it seems that the council are simply delegating this responsibility to GPs.

You may therefore choose not to answer the stated question, but instead append the statement below:

I have today examined the above in his application for a Taxi/Hackney Carriage/Private Hire Vehicle.

*His medical examination today is **satisfactory**. From his medical records and from today's examination, I know of **No Medical Reason** where the above applicant would be advised to inform the DVLA with regards to driver licensing requirements (with the DVLA being responsible for Fitness to Drive).*

Licensing to drive a Hackney Carriage or Private Hire Vehicle to Group 2 DVLA standards is to be determined by the Council's Licensing Department.

Yours sincerely

Signed XXXX

EPS, urgent prescriptions and coronors

You may be aware of a recent communication from Well Pharmacy about a tragic case of a patient who died of sepsis after a prescription for antibiotics was not dispensed nor delivered by Well pharmacy after an EPS prescription was sent by GP. The Well pharmacy letter appears to place the onus on the GP to ring the pharmacy in the case of urgent prescriptions. This response seems unsatisfactory burdensome on an overworked GP workforce. It is therefore heartening to know that the GPC has been in communication with NHS Digital ([click here](#) to view the letter) to demand a more satisfactory solution.

Personally speaking, it is interesting to note that the responsibility of the patient and family has not been mentioned in the process. For example, once a paper FP10 has been issued then it is the patient's concern or carer's concern how and where the FP10 is dispensed and not the GP concern. Perhaps it would be worth restating this to patients and carers, despite the move to EPS. This option might be less labour intensive than the GP being left on hold on the phone to a pharmacy whose number they may not have had immediately to hand. And so if the pharmacy usually delivers then the patient or carer ought to make the usual arrangements with the pharmacy in question directly.

Removal of patients at GP request

It is unfortunately not that uncommon when practices find themselves in a position where there is an irrevocable breakdown in the doctor patient relationship and so are considering removing a

patient. The regulations allow this to take place provided they are followed. Strictly speaking one could remove a patient without a warning letter if they are of that opinion, but there have been cases where patients have appealed to the Ombudsman. To avoid this risk a warning letter ought to be considered. Traditional thinking is that after a warning letter there ought to be another transgression from the patient in order to then remove the patient. The interesting development here is a clarification from GPC. The need for another transgression following a warning letter before removal does not appear in the regulations. The practical outcome for practices is that they can in fact remove such patients promptly and use a warning letter to minimise the risk of challenge. The letter could state that “we are considering the option to remove you from our list” and could remove following consideration, for example, at the next practice meeting.

DBS checks for locums

Freelance locums may be asked to provide evidence of a recent DBS check before starting work. Please note that the CQC does not require this:

The practice is responsible for checking that the locum:

- is a GP
- has medical indemnity
- is registered with the GMC, and
- is on the Performers List.

Full details on CQC requirements for the employment of locums can be found [here](#)

CQC guidelines on who requires a DBS check can be found [here](#)

The [DBS update service](#) will keep your DBS certificate up to date online and allows employers to check online. Details can be found [here](#):

Applications for GP Speciality Training Campaign

Applications for GP specialty training will be open again from 27 February to 15 March for an August 2018 start. Campaign activity has begun using the strapline **one career, endless opportunities, choose GP**. Your support by sharing information through your primary care channels and contacts would be appreciated so that Foundation year doctors can find out more about GP specialty training and the unique benefits of the career.

The [GPNRO website](#) includes application information, GP career stories and FAQs. Please share and like posts across social media channels using #choosegp on twitter, [Instagram](#) and [Facebook page](#). There's a toolkit on the [HEE website](#) with downloadable campaign banner, posters and flyers to use with local promotion. The GPs featured are all voluntary ambassadors and some appear in the [campaign video](#)

Sedation for claustrophobic patients having a scan

GPs should not be prescribing sedatives unless he/she is there to supervise the patient for the procedure/investigation. See para 3.3.6 from the Royal College of Radiologists guidance https://www.rcr.ac.uk/system/files/publication/fiel_d_publication_files/Safe_Sedation.pdf, and

Also, guidance from the Academy of Medical Royal College [Safe Sedation Practice for Healthcare Professionals: Standards and Guidance](#)

GPC Prescribing Guidance

The GPC prescribing policy group have updated its [Focus on anticipatory prescribing for end of life care](#) and [Focus on excessive prescribing](#).

Both are available on the [BMA website prescribing pages](#) and the prescribing policy group are in the

process of reviewing all their guidance, so there will be further updates in the coming months

Midlands and East General Practice Nursing Conference

Health Education England are holding a Practice Nursing Conference on Wednesday 21st March at Holywell Park Conference Centre Loughborough. The conference is free to attend for GPNs, HCAs, trainee nursing associates and students. For further information on how to register click [here](#).

BMA guidance on dealing with unfair comments on websites

Here is some [guidance](#) from the BMA for dealing with unfair comments on websites.

Sessional GP Newsletter

Here is the [latest newsletter](#).

GPC England Newsletter

To read the latest newsletter click [here](#). For further articles from Dr Richard Vautrey, GPC Chair click [here](#)

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