January 2016 - Issue 22

Newsletter

North Staffordshire LOCAL MEDICAL COMMITTEE

Professional advice for General Practice

In this issue .....

Report re GPC Special Conference 30.1.16

Some 350 GP leaders from LMCs across the country and the GPC met in London last Saturday to see what actions can and need to be taken to address the current crisis in General Practice.

The agenda for the conference was not promising, but by the end of the day finally some passion was unleashed when GP colleagues spoke of their disillusion and personal suffering as a result of an NHS system which completely ignores the plight of General Practice: a complete mismatch between ever increasing demands on our services and the lack of supply of resources to deliver them. It was recognised that this does not only come at a financial cost – but also a personal cost to GPs, with many experiencing physical and mental ill health as a result.

In all 20 motions were discussed, the main points of which can be summarised as follows:

1. Current workload is unsustainable with the resources we have.
2. Our service is no longer safe for patients, our and our staff's health and our professional registrations. The General Practice share of the NHS budget has reduced in recent years from 11 to 8%. As a very minimum General Practice will need to receive 11% of the NHS budget to be able to provide the current service safely.
3. We need to stem the unbridled demand for GP services by patients. Consultation rates in Britain are much higher than anywhere else in Europe. Public demand versus current investment is no longer sustainable.
4. Indemnity fees are rocketing and stopping some GP colleagues already from working, both out of hours and in hours. There were calls for Crown Indemnity for

Page 7 - Junior doctors industrial action: BMA Guidance for GP practices

Page 7 - Version 33.0 of the QOF Business Rules and related FAQs

General Practice whilst others preferred a full reimbursement system.
5. Calls to abandon the partnership model and instead rely on a nationwide salaried service were rejected
6. Immense frustration with overregulation and monitoring (CQC, appraisal and revalidation) eroding GP morale.
7. In some instances the risk of GP owned premises threatens practice viability – a risk that needs to be addressed.
8. Money on its own will not solve the current crisis but practices currently provide a year of care for £141 per patient, less than the average pet insurance!
9. A safe and sustainable GP service requires a stable GP service: GPC needs to reject annual contract tinkering. GP contracts should run at least the length of a parliament and be subject to genuine independent financial review.
10. Lack of reimbursement of GP expenses has eroded GP income. GP practice expenses should be reimbursed in full.

Most important though was the final motion of the day, which instructed the GPC that should negotiations with the government for a rescue package for General Practice not be concluded successfully within 6 months of the end of the conference:

1. Actions that GPs can undertake without breaching their contracts must be identified to the profession.
2. A ballot of GPs should be considered regarding what work/services must cease to reduce the workload to ensure safe and sustainable care for patients.
3. The GPC should canvass GPs on their willingness to submit undated resignations.

It is clear that the crisis in General Practice is biting hard right across the country, but North Staffordshire seems particularly badly affected. With unfilled GP vacancies in 24 out of 83 practices and 17 practices having been identified as being at risk of closure we may not have time to wait for further action as suggested above.

North Staffordshire LMC will evaluate what further measures it can take now to prevent the collapse of General Practice, but I remind colleagues that they are completely within their rights to firmly reject any

unfunded transfer of work. I would recommend that practices adopt the recommendations as set out in the "GP – Quality First " document from the GPC published a year ago, which can help them control their workload.

A full video of the special conference can be accessed here, but I draw special attention to the passionate speaker supporting motion 20 listed in 3 parts above at 5 hours 13 minutes, followed by Dr Paul Scott, our own LMC chair.

Vaccine update - MenB and Paracetamol / Shelf life for FluMist / Hep B blood spot testing

The latest issue of Vaccine Update published in late December has the following updates.

- MenB and central supply of paracetamol phase out
- Shelf-life for Fluenz Tetra and FluMist (2-17 years nasal flu vaccine)
- National free dried blood spot testing service for infants born to hepB+ mothers

NHS Employers have updated their Vacs and Imms FAQs o include a question on MenB and paracetamol, as well as flumist expiry dates.

Vaccine Update Special edition - last order and expiry dates of childhood flu nasal vaccine

The latest special edition of the PHE vaccine update number 239 includes information relating to

- Last orders of LAIV (FluMist® Quadrivalent) for the childhood flu programme
- Expiration dates for LAIV vaccine

In particular, please note the following in relation to expiry date of FluMist:

"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."
and that of Fluenz Tetra:

Fluenz Tetra® for 2015/16 has been supplied with expiry dates ranging from 28 December 2015 and 18 January 2016. The list below shows the batch numbers and their expiry dates. Practices should always check the expiry date before administering, dispose of expired vaccines in line with local policies and record any stock disposed of due to expiry on ImmForm.

Batch	Expiry date
FJ2021	28 Dec 2015
FJ2022	29 Dec 2015
FJ2023	30 Dec 2015
FJ2072	31 Dec 2015
FJ2098	05 Jan 2016
FJ2188	18 Jan 2016

Zika guidance for primary care

Zika virus guidance for primary care has now been published on the Public Health England website as well as on the BMA website. This is joint guidance between PHE, the BMA and RCGP and gives information and advice for practices when approached by patients who have travelled, or may be planning to travel to affected countries, and focuses on risks for pregnant women.

Further information about the Zika virus and countries affected is available here

Named accountable GP

There is a contractual requirement for practices to allocate their patients an accountable GP and to notify their patients of this before 31 March 16. There has been some confusion as to what the requirements are with regards to notifying patients. The LMC has checked with the GPC who confirm that it is perfectly acceptable for practices to announce on their website, in their waiting room or their practice newsletter (or similar) that patients have been allocated an accountable GP, and that if patients wish to know who this is they can enquire with practice reception. The full GPC guidance can be found here

LMC Buying Group offers for locums

The LMC wishes to offer locums the same opportunities as GPs for the LMC Buying Group. If you wish to take advantage of the offers please submit your details to admin@northstaffslmc.co.uk to join our locum communication list.

Updated PGD and PSD guidance

The GPC guidance Patient Group Directions and Patient Specific Directions in General Practice has been redrafted to clarify the position of PSDs, confirming that they do not necessarily have to be in written form, but can also be a verbal instruction.

The new guidance can be found on the BMA website.

Sessional GP e-newsletter

Here is the January Sessional GP-e-newsletter

GPC Newsletter- Special Conference issue

Here is the latest GPC Newsletter detailing the conference resolutions, motions not reached and motions lost.

Registering Patients and Checking ID

Recent NHS Anti-fraud guidance has suggested that with the introduction of Health Surcharges for certain foreign nationals from 1 April 2016 practices should consider checking patients' ID before registering them. This is in clear contrast to GPC/LMC guidance published in one of our previous newsletters, which remains in force as before. There is no need to insist on an ID when registering patients. It is not for the GP to vet patients for eligibility or detect fraud, as we do not have the resources to do this work. Besides, it can be seen to be discriminatory and potentially compromise the patient/Dr relationship.

GP Recruitment Update

The LMC is working with the support of NHS England and in collaboration with The Institute of Primary Care Sciences of Keele University to try and recruit qualified GPs from The Netherlands. An advert has been placed on a number of GP facing sites.

Subject to us being able to raise interest for our local vacancies, an information evening for practices looking to recruit will be held on Wednesday evening 24/2/2016 (time and venue to be confirmed). Click here to see one of the adverts (the title reads" Wanted: GPs with passion for life!".

Indicators no longer in QOF

Practices in some areas have been asked again to accept requests within the Calculating Quality Reporting Service

(CQRS) for the extraction of indicators no longer in QOF.

GPC advised LMCs in 2015 on this data extract, confirming their position that that the decision to retire and amend these indicators was intended to reduce bureaucracy and allow practices to focus on the needs of patients. These indicators were successfully removed during negotiations as being clinically inappropriate and unhelpful to practices. As such, there is no expectation that practices should continue to focus on achieving these targets, and GPs should instead continue to use professional judgment to treat patients in accordance with best clinical practice guidelines. It is for clinicians to decide how they record clinical consultations and what codes, if any, to use.

Practices should be reassured that the previous GP contract agreement still stands, and there is no contractual requirement for practices to record codes for former QOF indicators. However, practices are also asked to note the position outlined within the 2015/16 QOF guidance - that practices are encouraged to facilitate data collection of these indicators. The data is intended to inform commissioners and practices and provide statistical information. It is not intended for any performance management purposes.

The GPC anticipates a large fall in the recording of many of the retired codes, particularly those that were previously imposed, as practices now work more appropriately. The GPC's view is that, allowing retired codes to be extracted could help to demonstrate how inappropriate it was to impose contract changes in the first place, as well as informing discussions between GPC and government on the development of more appropriate future indicators of quality care.

Junior doctors industrial action: BMA Guidance for GP practices

Here is BMA guidance for GP practices
Note you will need to scroll about half-way down the page to access the PDF document.

Version 33.0 of the QOF Business Rules and related FAQs

Version 33.0 of the Business Rules have been published. In addition to the usual changes where new codes have been added to clusters, some codes have also been removed from some QOF register clusters. This does not usually happen in-year but there were clinical reasons for doing so. The changes affected heart failure, the asthma register and CKD register. Note that these changes are effective from 1 October 2015.

The updated Business Rules are available here and NHS Employers have also published some FAQs following these changes (see below and on their QOF FAQ page.

LMC Officers

Chair:
Dr Paul Scott
Tel: 0300 123 1466
e-mail: chair@northstaffslmc.co.uk

Vice Chair:
Dr Lorna Clarson
Tel: 0300 123 5002
e-mail: vicechair@northstaffslmc.co.uk

Secretary:
Dr Harald Van der Linden
Tel: 01782 746898
e-mail: secretary@northstaffslmc.co.uk

Treasurer:
Dr James Parsons
Tel: 01782 534241
e-mail: treasurer@northstaffslmc.co.uk

Lay Secretary:
Miriam Adams
Tel: 0300 365 0135
admin@northstaffslmc.co.uk

Anne Sherratt
e-mail: practiceliaison@northstaffslmc.co.uk

Members

Dr J Aw	01782 565000	Dr B Kulkarni	01782 395101
Dr R Aw	0300 1235002	Dr H Pathak	0300 7900164
Dr M Dhir	0300 123 0903	Dr A Pugsley	01782 627403
Dr S Fawcett	01782 281806	Dr P P Shah	0300 123 1468
Dr P George	0300 1231468	Dr F Shaheen	01782 626172
Dr A Green	0300 4042987	Dr K Tattum	01782 544466
Dr C Kanneganti	01782 772242	Dr P Unyolo	01782 783565
Dr U Katkar	01782 395101		