July 2014 - Issue 4

Newsletter

North Staffordshire LOCAL MEDICAL COMMITTEE

Professional advice for General Practice

In this issue .....

Break

It will not have escaped your attention that summer has arrived. For most of our patients this signals the season in which they enjoy a well deserved break. Practices are often a little quieter as a result, but although consultation rates temporarily drop, this summer practices are busier than ever with an increase in administrative duties to try and fulfil their obligations under the Admission Avoidance DES and related CCG LIS schemes. Yet the capacity in many practices (and the associated recruitment problem) is fast reaching breaking point. At this rate it will not be long before practices will loose the ability to cope with anything other than core GP contract work.

The underlying problems can and need to be addressed. Funding for the Acute Hospital sector has increased by 4% in the last 5 years. This has been paid for by reducing the Primary Care budget by 20%. CCGs (who commission hospital services) need to find ways of reversing this anomaly. The sub-specialisation in hospitals has caused more and more transfer of work into General Practice, most of which has been unfunded. General Practice has managed to absorb this over the years by creating efficiencies (mainly by employing nurses and HCSW), but even these staff are proving hard to recruit now, and there is only so much work a GP can delegate. I'm pleased to see that the Area Team is looking to support a returner scheme, and that the CCGs are supporting staff recruitment and development, but both schemes may need to be scaled up to have a material effect in the near future.

Take a break before you break! Oh, and please send us a postcard with your ideas on how to salvage our much treasured NHS General Practice.

Dr Harald Van der Linden

LMC Secretary

GPC News

GPC Newsletter issue 1 - 14th July 2014

includes the following features …

- Updated technical requirements guidance for 2014-2015 contract
- Vaccination and immunisation programmes guidance and audit requirements
- Focus on vaccines and immunisations update
- Carers and the annual flu vaccination campaign
- Pharmacy direction schemes
- National LMC conference report 2014
- QOF business rules (v29.0) and v4.0 of learning disabilities, rotavirusand dementia ES business rules.

GPC Newsletter issue 2 - 18th July 2014

includes the following features …

- GPC Executive Team - elections
- Premises seminar
- CQC registration
- Gender dysphoria
- GPC staffing - team restructuring

DNR Forms

Doctors now have a legal duty to consult with and inform patients if they want to place a Do Not Resuscitate (DNR) order on medical notes, the Court of Appeal in England ruled last month.

Click here for full story.

The issue was raised by a landmark judgement that found doctors at Addenbrooke's Hospital, in Cambridge, had acted unlawfully by placing a DNR order on a patient without prior consultation with the patient or the family.

Following the ruling, a Department of Health spokesperson said: "It is important that doctors follow the very best practice so standards of care in this in area can be improved. We will continue to work with professional bodies to make sure guidance is understood by health professionals."

The General Medical Council said it would check whether it needed to update its current advice.

Following this, the LMC has written to the University Hospital, Combined Healthcare and Staffordshire and Stoke-on-Trent Partnership NHS Trust to request that they revise the DNR forms to include space for either the patient/person with position of authority to sign, and to re-distribute up to date copies.

Court of Protection assessment of capacity forms

GPs are sometimes requested to complete a Court of Protection assessment of capacity form. It is for a GP to decide if they feel in a position to make the necessary assessment, which in most patients is straightforward. It may be more complicated in the case of a patient with dementia, and if a psychiatrist is already involved in the patient's care you may either ask them for their opinion on whether they feel the patient has capacity to allow

you to complete the form, or ask the patient/guardian to request completion by the psychiatrist.

Guidance on how to assess mental capacity can be found here

Guidance on COP3 and fees can be found here

Fees

As no nationally agreed fees exist for this work, GPs are free to set their own fees. Solicitors charge £200-300/hour for their work and a fee of £50-150 would therefore seem reasonable. Please note that this is merely LMC guidance, and that practices should be sure to inform the patient of their fee and seek their approval before carrying out the work.

BMA position on non-payment of Coroners' fees

Doctors have raised concerns with the BMA about not being paid for coroner reports or statements of fact which they are obliged to provide. Under the current system the coroner pays then reclaims funds from the Local Authority.

Prior to 2008 the BMA held a national fee agreement with the Local Government Employers (LGE) for this work. When the national agreement ended in March 2008 the LGE circulated guidance stating "payment of fees to doctors would be for local determination". Whilst the BMA understood this to mean fees would be negotiated locally between the doctor, Coroner and Local Authority, the guidance has been interpreted by Local Authorities to mean they were now able to determine whether or not to continue funding payment for this work.

Although the BMA have sought legal advice, there is nothing within the Coroners Act that clearly stipulates payments for reports or statements of fact. There are therefore no grounds to force the Local Authority or Coroner to pay the fee. The BMA has also rigorously pursued this issue directly with the Chief Coroner, the Ministry of Justice and the Local Government Association, but with little success. Where payment is not being offered, the BMA would advise doctors to complete the report otherwise they may face being

LMC Officers

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summonsed.

Guidance for Consultants and SAS doctors

Although the Terms and Conditions of Service (schedules 10 and 11) stipulates what should happen if the fee is available, the contract is between the doctor and the employer and not the doctor and the local authority.

Where consultants or SAS doctors are currently completing reports within their spare time, the BMA would advise doctors to review their job planning for the work to be included within their Programmed Activities.

Personal Profile - Dr Mamta Chada

Name:	Dr Mamta Chada
Place of Birth:	Hyderabad, India
Medical School:	Gandhi Medical College,
Year of qualification:	1999
GP Training:	Stoke-on-Trent
Current Place of Work:	Willowbank Surgery, Longton
Partner/Salaried/Locum:	Salaried/Locum
Full time/part time:	Part time
Committee member since:	May 2014
Current role on committee	Committee Member representing Salaried/ Sessional/Locum GP's
Medical-political interest or priorities:	Retaining GP's locally, encourage GP returners/ retainers to join locally.
If I could change anything for GPs it would be…..	Decreasing the workload being pushed into the community and increase the resources to help practice primary care medicine safely and effectively to avoid GP burnout.