

# Newsletter



North Staffordshire  
LOCAL  
MEDICAL  
COMMITTEE

Professional advice for General Practice

## In this issue .....

- Medical Certificates for school related matters
- Fit notes - DWP guidance for GPs
- Advertising services within GP surgeries - advice from the BMA
- Personal Profile - Dr Pralav Shah
- GPC News - latest newsletters
- 'Dumping' of work from Secondary into Primary Care
- Non-payment of fees
- CD regulations 2013
- Further information from PPL regarding music/radio/TV licensing in GP surgeries
- Reminder of GMC guidelines re GPs self-prescribing and prescribing for others
- Duplicate calls to 111
- Prescribing for relatives
- 'Your GP Cares' campaign

## In the Pipeline .....

The LMC is looking to strengthen its relationship with GP practices through the employment of a practice liaison officer. We are exploring the feasibility of this part-time post, but would envisage this to be best suited to an experienced practice manager, who would both help to inform and spread LMC policy by attending practice manager, locality and other meetings.

The LMC has recently met with Derbyshire LMC to exchange ideas on how to support practices. They have developed a nurse competency framework which sets out levels of competency for different tasks for practice nurses, which will allow practices to identify the skill mix within their practice and areas in need of development and training, whilst potentially also guiding levels of remuneration. We are looking to share this framework with them, and have started discussions with the CCGs to develop a similar framework for other practice staff.

Clarification on the prescribing and remuneration of DMARDS remains firmly on the LMC agenda. Discussions with CCGs are ongoing and we are expecting to conclude these in July. I will write out to practices as soon as a firm agreement has been reached.

Dr Harald Van der Linden  
LMC Secretary



## Prescribing for relatives

The GMC currently have active investigations into several different GPs across the patch (at least 2 in each of the LMC areas) for prescribing to family members, prescribing controlled drugs to relatives, or self prescribing on FP10s. The GMC take an increasingly dim view of prescribing to relatives / people a doctor has a relationship with. Several of these cases are already in the fitness to practice system, and are expected to end up in FTP hearings (some have already gone before interim orders panels), several more haven't reached this stage yet - but are nevertheless causing significant anxiety and distress to the doctors concerned. It would be easy to say that 'GPs already know this' but the number of cases currently going through suggests this knowledge certainly isn't universal.

The LMC would like to remind GP colleagues of their duties as set out in [GMC's "Good Medical Practice"](#), paragraph 16 g. "wherever possible, avoid providing medical care to yourself or anyone with whom you have a close personal relationship"



## Medical Certificates for school related matters

Colleagues have raised concerns about requests from parents to issue a certificate to justify absence from school of their child due to ill health. On some occasions GPs have even been asked to write a letter to confirm that it is necessary for their child to wear goggles whilst taking part in swimming lessons.

The LMC has sought clarification from Staffordshire County Council on this, who confirm that there is no expectation that parents provide medical evidence in respect of school activities (such as swimming) or inability to sit exams. These are matters for schools themselves to determine.

Frequent absence from school, by parents stated to be due to ill health, may lead to a recording of unauthorised absence by head teachers unless medical evidence supports the parents' claim. This may lead to the Local Authority taking legal action against the parents. Failing to send children to school regularly is a criminal offence, so once schools have informed parents that they will not authorise absence without medical evidence, parents sometimes approach their GP for a medical certificate for every absence. **You are not obliged to provide these certificates** but many GPs do. As this is a private arrangement, a fee may be charged by the practice.

## 'Your GP Cares' campaign

---

Watch the BMA's Your GP Cares campaign film ['Your GP Cares'](#)

or

Download the [Your GP Cares film without audio](#) for showing in surgery waiting rooms.

## Annual LMC Conference 2014

---

[Click here](#) for highlights from this year's LMC Conference held on 22/23 May 2014 in York.

## Unplanned Admissions Enhanced Service.

---

Click on the link below for a step-by-step guide for practices

[BMA's guidance to avoiding unplanned admissions](#)

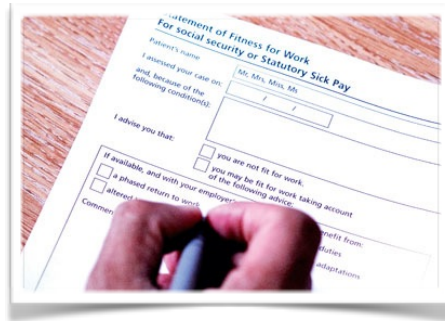
## NHS Property Services

---

For the latest information and newsletter from Propco [click here](#)

## Fit notes

The [DWP guidance for GPs](#) states "In the first six months of a patient's condition, a fit note can cover a maximum of three months. If a condition has lasted longer than six months, a fit note can be for any clinically appropriate period up to 'an indefinite period'." See page 11.



## Advertising services in your surgery

Following an enquiry from a practice regarding displaying posters in their practice advertising a pharmacy, the BMA have some [guidance](#) on advertising in your surgery.

## Duplicate calls to III

Some practices are still receiving 2 post event messages when their patients are seen in Out of Hours. North Staffs CCG has confirmed that the system is set to send only one message. The technical lead and the IT team from SDUC have reviewed the system settings and confirmed this is the case. For any North Staffs and Stoke practices who are receiving two messages, they should contact Victoria Graham, Commissioning Manager at North Staffs CCG [victoria.graham@northstaffs.nhs.uk](mailto:victoria.graham@northstaffs.nhs.uk) tel: 0845 6026772 ext: 1665. Victoria will escalate these to SDUC in order for them to investigate.

## Non-payment of fees

Is your practice experiencing difficulties with receiving timely payments from those who have commissioned your services? Did you know that you can exercise your rights under the "late payment of commercial debts act" ? Details can be found [here](#) to address this problem.

## GPC Newsletters

---

Click on the links below for the latest GPC Newsletters

[GPC Newsletter - Issue 17, 13th June 2014](#)

[GPC Newsletter - Issue 18, 20th June 2014](#)

## CCG LIS

---

The CCG LIS (£5 per patient) is posing a significant challenge for practices, both in terms of submitting a suitable bid, as well as its subsequent delivery of the plans. Aruna, the GP federation, has sought to support practices in this, but has so far had limited interest. The LMC looked at options available to practices and considered the South Staffs model which Aruna intends to deliver a worthwhile initiative. Practices who struggle to submit a suitable bid may wish to contact Aruna for further support.

## Transfer of work

For years now the LMC has sought to introduce measures to avoid unfunded transfer of work from secondary into primary care. Some successes have been booked. The UHNS has formally recognised its responsibilities, but still too many individual clinicians at the UHNS are oblivious to their duties. The CCGs have recognised that some of the work we do on a daily basis is not part of our core contract and has offered a basket of services contract to practices to allow for this. The reality is that still too much work is dumped into General Practice as was highlighted in a recent GP webmail exchange.

The following are some examples of **requests which do NOT form part of your duties as a GP:**

- Urgent 2nd care prescription requests (if a patient is seen at the hospital and is thought to need an urgent prescription the clinician who has identified this need should provide the prescription to the patient)
- Requests from 2nd care to issue a prescription for a positive urine/sputum result from a sample requested at the hospital (this is the responsibility of the clinician who has requested the investigation)
- Requests from 2nd care to take over the prescribing of medication which is subject to a shared care prescribing agreement, without providing you with this agreement for approval (all drugs subject to an ESCA can be found on the medicines management website [Sharenet](#) (for non-COIN practices) and [Sharepoint](#) (for COIN practices))
- Requests from 2nd care to inform a patient of the result of an investigation instigated at the hospital (this is the responsibility of the clinician who has requested the investigation)
- Requests from 2nd care to arrange a referral to another clinician/medical service (the clinician who identifies this need should generate the referral)
- Provide fit notes immediately after a hospital in-patient stay (this is the responsibility of the hospital, but you are expected to provide this service as an exception under the Basket of Services LES)

### So what to do with these?

- First of all ensure patient safety is not compromised. If this could be compromised act in the best interest of your patient,

## National Survey on GP premises

You may have already seen an e-mail from Dr Chaand Nagpaul, Chairman of the GPC informing GPs about the GPC's launch of their national survey on GP premises. The GPC is calling for a national strategy for GP premises investment and development as one of the key planks of **Your GP Cares** campaign.

The survey results will inform a high level premises seminar the GPC are holding on July 10th. The seminar, with an opening address from Earl Howe, Parliamentary Under-Secretary of State for Quality, will bring together stakeholders to discuss continuing issues around development, renovation and upkeep of primary care premises, and to propose joint potential solutions.

To inform the debate Chaand Nagpaul is urging each practice in the UK to complete a [short survey](#) on their premises situation. **One response per practice is all that is required**, so practices may wish pass this on to practice managers or a lead GP for completion if appropriate. The survey only takes 2-3 minutes to complete

This will strengthen the GPC negotiations with Government in prioritising the urgent funding and development of GP premises, addressing both current and future needs. In addition the GPC are looking for any case studies of practices that can highlight the constraints and realities of inadequate premises, and how this is affecting practices and their patients, as part of our **Your GP cares** campaign. You can enter this in the last page on the survey, or respond to [info.gpc@bma.org.uk](mailto:info.gpc@bma.org.uk)

regardless of your duties.

- Remind the requesting physician of his/her duties in writing, and that you would expect him/her to action the request themselves.
- Copy this writing to the GP concerns department at [GPqueries@UHNS.nhs.uk](mailto:GPqueries@UHNS.nhs.uk)
- Enter a significant event entry into the Datix system (or ask your practice staff to do this for you)
- Where need be, explain to your patient why you are passing the request back to the hospital

If you are not sure whether requests you have received are appropriate please email the LMC office on [admin@northstaffslmc.co.uk](mailto:admin@northstaffslmc.co.uk) and we will try and provide you with an answer within 48 hours.

## CD Regulations 2013

Practices are likely to receive requests from the Medicines Optimisation Team to clarify data on prescribing of Controlled Drugs in their practice. This is a legal requirement under the CD regulations.

The Medicines Optimisation Pharmacist, Fiona Riley, has confirmed that their technicians will fully support any practices who require assistance in completing the required data submission.

Medicines Optimisation has designed an audit sheet to assist in gathering the relevant information and technicians will be populating this prior to presenting to practices for comment. Many of the anomalies that come through are due to large quantities so in order to resolve these they are asking for dose optimisation where at all possible. E.g. morphine m/r 10mg capsules 3 bd quantity 180 – consider a 30mg capsule bd quantity 60 – this will prevent the item coming up for monitoring again. (Granted if the dose is variable this is not always possible – and this needs to be stated in the GP comments section)

Medicines Optimisation are aware for a few practices that their technician is either on annual leave or off sick. In these circumstances they have granted an extension to the deadline to allow for this, i.e if the technician is on annual leave for 2 weeks then they will grant a 2 week extension.



## LMC Officers

---

### Chair:

Dr Paul Scott  
0300 123 1466

### Vice Chair:

Dr Jack Aw  
01782 565000

### Secretary:

Dr Harald Van der Linden  
01782 746898

### Treasurer:

Dr James Parsons  
01782 534241

### Lay Secretary:

Miriam Adams  
0300 365 0135

## Members

---

Dr R Aw	0300 1235002
Dr A Pugsley	01782 627403
Dr M Chada	0300 1231467
Dr L Clarson	01782 753052
Dr P George	0300 1231468
Dr S Fawcett	01782 281806
Dr A Green	0300 4042987
Dr C Kanneganti	01782 772242
Dr U Katkar	01782 395101
Dr B Kulkarni	01782 395101
Dr H Pathak	0300 7900164
Dr P Rao	01782 593344
Dr S Reddy	01782 222930
Dr P P Shah	0300 1231468
Dr K Tattum	01782 544466
Dr P Unyolo	01782 783565

Practices can call on the assistance of their assigned technician at their next scheduled practice visit.

If you experience any problems with this process we would welcome your feed-back to the LMC at [admin@northstaffslmc.co.uk](mailto:admin@northstaffslmc.co.uk)

## Use of recorded music in GP surgeries

In our April newsletter we reminded practices about the legal requirement to have a license if playing recorded music including radio and TV in your practice. Following this we have received a letter from the music licensing company (PPL), who effect from 1st September 2014 intend to start licensing practice waiting rooms and reception areas more pro-actively. [A full copy of the letter can be viewed on our website.](#)

## Amendment from May newsletter



In our May newsletter we published a Personal Profile of Dr Priya George which incorrectly stated that the year in which she qualified was 1988. We apologise for this error as it should have read 1998.

## Personal Profile - Dr Pralav Shah



Name:	Dr Pralav Shah
Place of Birth:	Jamaica
Medical School:	University of West Indies
Year of qualification:	2002
GP Training:	Manchester and Stoke-on-Trent
Current Place of Work:	Dr Shah’s Surgery, Hanford Health Centre, Hanford
Partner/Salaried/Locum:	Partner
Full time/part time:	Full time
Committee member since:	May 2014
Current role on committee	Member
Medical-political interest or priorities:	Improve GP contractual negotiations/terms. Recruitment and retention of GPs to the area
If I could change anything for GPs it would be.....	To improve value and morale amongst a profession that is becoming devalued and demoralised.