North Staffs LMC Newsletter

June/July 2017 – issue 35

A fig leaf covering an abomination?

CCGs were sold to everyone as being a membership organisation that would provide clinical input, engagement and leadership to commissioning. It is with great concern we learn that plans are being foisted on us from above, with no membership input. A horrid *fait accompli* has been concocted that would see a radical change to the commissioning landscape. We are told it will happen with or without membership agreement. The changes amount to a de facto merging of six CCG into one commissioning organisation across Staffordshire. Why? So that the North of Staffordshire can bail out the South of Staffordshire. Stoke-on-Trent is one of the most deprived areas in the country and I feel fearful of its and North Staffordshire's health in the future should this come to pass. Our area has a distinct local footprint that will be lost if merged with an area that has a historically very different health economy. So what can we do about this? Do we have confidence that our top team has vigorously defended our right to exist as a separate locality or do we feel that they have been complicit in our eradication? The only way to have a say is to attend the **members event** in numbers on **27th July** and vote on the issue. Let's not be fig leaves, an embarrassing veil over what is a sickly organisation wielding the cutting knife at the government's behest.

Dr James Parsons
LMC Treasurer

GP ballot on closing lists

By now practices should have received information and a security code to their practice so that they may vote in the forthcoming ballot on collective closure of lists. If you have not received any paperwork please contact info.gpc@bma.org.uk

Full time opening and extended hours – October 2017

Practices will be aware of the new NHSE requirement to be open full time (or at least 8am-6pm Mon-Fri) in order to continue providing and be paid for extended hours from October. Northern Staffordshire remains in the 25% of the country with predominantly one afternoon closure.

The LMC officers strongly suggest that this choice is looked at by practices, considering sustainability, work-life balance and workforce costs against income and cover costs. There is no evidence that this materially affects patient care either way. After tax, this is a remarkably balanced decision.

Given the overall pressures on general practice at this time, for sustainability and overall patient safety reasons, we recommend cessation of extended hours and closure on Thursday afternoons. Bizarrely this may trigger the CCGs to design a local LIS to recycle the money for local extended hours for those who still wish to provide them. In addition, this is being re-looked at centrally as a particularly short-sighted NHSE policy.

Releasing Capacity in General Practice

Workflow Redirection

The facilitated workshop scheduled or 14/6/17 was cancelled at the last moment due to the trainer being ill. This has now been rescheduled for Thursday, 28th September. The relevant Practices have been informed.

Eight practices have requested workflow training and this will not go ahead until 9th January 2018 due to national demand on the training team.

Care Navigation

- This is now being co-ordinated by Charlotte Harper (CCG), who has been appointed as the Project Manager to oversee this.
- During June interested Practices will be issued with licenses, by Charlotte, so that staff can undertake the online training. This takes about 30 minutes.
- There will be 2 provider events in September (12th & 28th) where Practice staff will learn more about the available services that they can navigate to.
- The DQF's have been working on a care navigation template and this is being trialed in Audley Practice.
- From June Charlotte Harper will be issuing a monthly update on progress with this project. This will go to all Practices.
- Funding for the VAST HUB has been agreed up to the end of this financial year.
- A patient communication and publicity strategy is being developed by Charlotte, Margy Woodhead and CCG patient engagement team.

Productive General Practice Quickstart Programme (PGPQ)

- The first cohort of 10 Practices have started the programme. So far we have held 2 group sessions and Practices started
- their individual Practice sessions from w/c 20/6/17.
- Each Practice has chosen 2 modules from 8 to work on and the Appropriate Appointments module will be worked on by all Practices in their 3rd group session on 13th July.
- This cohort will finish the programme on 28th September 2017.
- We have expressed an interest in a second cohort of Practices participating in wave 4 of the programme which starts in December 2017. The funding is not guaranteed – we have to submit a delivery plan by 17/11/17 and will be told on 24/11/17 whether we have been successful or not.

GP Development Workshops

Antionette Bourne (CCG) currently working with independent training company to develop a Time Management workshop. Cost will be £350 and should be held in September – date to be confirmed. Nothing agreed yet for the Team Management workshop which GP's said they wanted.

Capita and the NHS Pension Fiasco

Krishan Aggarwal the Deputy Chair of the Sessional Subcommittee for the GPC has been meeting monthly with Capita and NHSE with regards to Sessional Issues, predominately Pensions and Performers List issues. He has written a two updates previously in the GPC sessional newsletter and here is a link to the latest newsletter following a meeting held with Capita on 15th May.

GP Survey Briefing

Click here to view a briefing from the BMA's Healthcare team on yesterday's GP Survey 2017 results.

NHS England's summary of the findings can be found here.

ELCPAD follow-up - emotional and practical support for GPs caring for dying patients in the community

The BMA's representative body has recently undertaken some work exploring the experiences, views, and perceptions of doctors and the public on end-of-life care and some aspects of physician-assisted dying. With a specialist social research agency, they held 21 dialogue events across the UK and engaged with over 500 doctors and members of the public.

After reviewing the findings and liaising with key stakeholders they came up with a series of recommendations around end-of-life care. A leaflet setting out the key recommendations can be found here

2016 Junior Doctor Contract: Guidance for GP Practices

The BMA remains in dispute with the Government about the imposition of the Junior Doctors' contract and is providing practical advice and support to those affected.

The new contract requires GP practices to introduce new processes for GP training. While GP trainees' working hours continue to be based on the GPC-COGPED sessions agreement and some of the changes will help deliver safer training, there is no additional funding to meet these requirements. New supporting structures are also required under the 2016 contract that practices need to be aware of.

The BMA has produced guidance that sets out what this means for GP practices.

Practices that host trainees under the single lead employer arrangements must ensure appropriate service level agreements with the lead employer, or the equivalent documentation in their area, have been agreed.

Practices that employ GP trainees directly are not obligated to offer the new terms and conditions. Those that do offer the new terms and conditions must ensure that they have the necessary processes and supporting infrastructures in place to fully meet their contractual obligations as an employer.

Further information about the new contract is available on the BMA website.

NHS guidance regarding raising concerns for primary care providers

This is a reminder for practices to ensure their policies and procedures align with the new NHS whistleblowing policy, by September this year. Further information, including a link to the NHS England guidance on raising concerns for primary care providers, is available here:

Query re reviewing DNAR Forms

The LMC has recently received a query from a practice regarding validity of a DNAR form. There is no fixed review dated, although over the years it has been intimated locally that it may be good practice to review the DNAR within a week after discharge.

The LMC has contacted Dr Gerald Morgans for advice who has indicated the following:

- Guidance from the BMA clearly states that a DNACPR form remains valid indefinitely unless revoked.
- There should not be a need to review the DNAR as we have standardized the forms across Staffordshire for rewriting a 'Community' DNACPR form. However, any valid form eg the old red form or one from outside Staffordshire remains valid.
- There should be no artificial 7-day limit. A review should be based on clinical need alone eg improvement in a patient's condition which, from Dr Morgan's experience virtually never applies to nursing home patients.
- The more thorny problems that arise relate to the understanding about DNACPRs both by patients and their relatives, particularly those discharged from secondary care. However, any community based suitably trained professional should be able to talk through the issues with the patient/relatives and it should not always fall on the GP to deal with the issues.
- The above issues are to be re-discussed at the Pan Staffs end of life steering group

In addition, Dr Cath Hobson from Biddulph Valley Surgery attended a meeting with SSOTP and below is a synopsis.

- Any DNACPR form from any organisation including other hospital trusts is valid if correctly completed- there is no need to replace them with a red bordered form.
- There is no need to complete the review date box on the red

bordered form, it is fine if this is left blank or says indefinite. National guidance supports this.

- It is for individual clinicians, including GPs, to decide when and how they review palliative patients and DNACPR decisions, good practice suggests that decisions should be reviewed if there has been a significant change in the patient's condition. Decisions can be reviewed remotely and it is not always necessary to review the patient face to face.
- District Nurses can review and reauthorize the palliative care drug authorisation charts including those for patients in nursing homes.

Unfortunately, we reached a bit of an impasse on SSOTP employed nurses completing the upper sections of the red-bordered forms. The majority opinion was that it was sensible and desirable for them to do so, but the palliative care nurse lead advised against SSOTP employed nurses doing this at present as the current SSOTP policy is unclear and could be interpreted as advising them not to. Their policy is due for review in November and they hope to word this more clearly in the updated policy. National Guidance supports nurses being involved with discussions and decisions and it is fine for our nurses and staff from other organisations to complete these. Box 7 should be signed by a GP or other Senior Clinician - usually a Doctor. If SSOTP staff are asking us to complete/sign a DNACPR they will need to either speak to a GP or write down the relevant information if not completing the upper sections of the form. Again, it is at the GPs discretion when, how and if they complete/sign the DNACPR.

Verification of deaths: Let's tackle each small issue to help GP reduce visits

It has been known within the local health economy that not only a doctor can verify death. Unfortunately, at a time of immense workload pressure, often a GP will still be called on an urgent visit solely to verify death. It has come to our attention that elsewhere such as in Birmingham they have taken a strong stance to protect GP from visits for duties that could reasonably done by others. An example is that It is taken that nurses in nursing homes should have verification of death as a core competency and any call for a GP is paid for by the nursing home. North Staffs LMC has approached our CCGs and they are supportive of the approach that nurses in nursing homes should verify deaths. The hope is that nurses without the competency will be supported to achieve it promptly. Given this policy change, we hope that GPs will be called less frequently on visits solely to verify death in the near future.

PCSE claims guidance

The GPC is aware that practices have been experiencing issues with primary care support services in England, commissioned by NHS England and provided by Capita. The issues have been ongoing for some time and the GPC is aware of cases where practices or individual doctors have suffered losses due to the failing of these services. Practices and individuals that have suffered losses as a result of these issues should be compensated - please follow the below link for guidance on taking up a claim.

Fire Safety reminder

In view of the recent events at Grenfell Tower here is a reminder about your responsibilities in relation to fire safety.

If a fire authority officer visited you today, would you cope with an interrogation about your duties and procedures?

Here's some of what you need to know…

Your responsibilities

As the employer or owner of a business (or other organisation with public access), you're the *responsible person* for fire safety and you must:

- Complete a fire risk assessment of the premises and review it regularly
- Let staff or their representatives know about any risks you identify
- Provide and maintain fire safety measures such as alarms and extinguishers etc.
- Plan for an emergency
- Provide employees with information, fire safety instruction and training

- Provide people using the premises with fire safety information

Ongoing management

Business fire safety never stops. New dangers crop up all the time, so you should continue to look for them every day. Here are some of the ways how:

- Make sure your emergency fire doors are unlocked with no obstructions on either side
- Keep internal fire doors maintained, closed and fitted with self-closing devices.
- Make sure that fire exit routes are clearly marked or signed
- Keep fire exit routes free from obstruction at all times.
- Don't fill exit routes with flammable materials
- Test your fire alarm. Can you hear it everywhere and above background noise?
- Check that your emergency lighting works
- Put fire extinguishers in place and ready for use
- Keep flammable liquids and gases to a minimum and store them correctly
- Stage regular fire drills so your employees know how to respond in an emergency

Passport Countersigning

New guidance on the UK Government Passport website confirms who can sign a passport form and photo. Doctors cannot countersign unless they state they know a person well (eg good friend) and that they recognise someone easily from their photo. "Travel Agents- qualified" are now able to carry out passport countersigning now.

Current GPC Chair's farewell e-newseltter

Chaand Nagpaul's farewell e-newletter as outgoing BMA GPs committee chair can be found here.

GPC Newsletter

The lastest newsletter can be found here

Sessional GPs newsletter

Please see below a link to this month's Sessional GPs newsletter, which in this edition, amongst other issues, focuses on the results of the Sessional GPs survey, and updates on recent progress achieved with Capita on pension issues.

LMC Officers

Chair
Dr Paul Scott
Tel: 0300 123 1466
e-mail: paul.scott@northstaffs.nhs.uk

Secretary
Dr Harald Van der Linden
Tel: 01782 746898
e-mail: harald.vanderlinden@stoke.nhs.uk

Vice Chair
Dr Suresh Upputuri
Tel: 01782 210849
e-mail: suresh.upputuri@nhs.net

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

LMC Executive Officer
Dr Fizah Shaheen
e-mail: fizah.shaheen@northstaffs.nhs.uk

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

Practice Liaison Officer
Anne Sherratt
Tel: 0300 365 0135
e-mail: practiceliaison@northstaffslmc.co.uk

Members

Dr Jack Aw	01782 565000
Dr Manish Dhir	0300 123 0903
Dr Steve Fawcett	01782 281806
Dr Andrew Green	0300 404 2987
Dr Chandra Kanneganti	01782 772242
Dr Uday Katkar	uday.katkar@northstaffs.nhs.uk
Dr Monique Keersmaekers	monique.keersmaekers@stoke.nhs.uk
Dr Bandu Kulkarni	01782 395101
Dr Hrishi Pathak	01782 565000
Dr Pralav Shah	0300 123 1468
Dr Keith Tattum	01782 544466
Dr Usha Tiguti	01538 308207
Dr Anwar Tufail	01782 534241