

Newsletter



North Staffordshire
LOCAL
MEDICAL
COMMITTEE

Professional advice for General Practice

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Editorial

Much has happened in 2014-15, but here I would like to take a moment to look ahead into the next contractual year. General Practice is expected to remain under tremendous pressure. Recruitment and retention problems are not likely to ease, nor is the volume of work which practices have to deal with. This is partially due to demographics (ageing population), partially due to “medicalisation” and progress in medicine (Vitamin D, ED, statins etc), but in part also due to the fact that failure of others to deliver in the local health economy (SSOTP, UHNM, Combined HC) leaves General Practice to pick up the pieces. Add to this the unresourced shift in workload from secondary into primary care and getting your work done before 7 or 8 PM can become a daily struggle. And yet, it does not have to be like that.

You do have a choice. Where non-core work is offered out to practices, the LMC evaluates the clinical suitability and impact on practice resources, and advises practices accordingly. Unless you are prepared to subsidise the local health economy, some work is financially simply not worth doing or of doubtful benefit to the practice. Where others are not delivering the work they are contracted to do, don't be tempted to do it yourself. Carefully look at the “GP Quality First” document we recently circulated, to guide you on what you can be expected to do, and what you should not be doing. I will be urging the CCGs to adopt the spirit of this document and implement it's recommendations when signing contracts with other providers. That should stop GPs dealing with paperwork or provide clinical governance which is not theirs to provide. In this spirit please also consider the implications of prescribing and monitoring before signing up to an ESCA. Remember, this is a voluntary arrangement, and although some would seem reasonable, others are more onerous. It can all free up time to provide quality care to patients.

GPC News

[Click here](#) for the latest GPC Newsletter

Regards,

Dr Harald Van der Linden
LMC Secretary



How practices can get the best from their patient appointments

Ideas have been shared on the Listserver by several LMCs to help practices in the current challenging times. Wessex LMC has kindly shared with us their guide on how practices can get the best from their appointments. The guide can be accessed from our website by following the link below. [How to get the best from your appointments](#)

The document also contains links to enable practices to download a template letter to patients and a poster to display in surgeries.

List Closures

Following a number of enquiries about list closures, the GPC has issued [guidance on the options available to practices](#), which is based on material in 'Quality first: Managing workload to deliver safe patient care'.

Alcohol LIS

An alcohol LIS is due to be approved by North Staffs CCG for 2014-15 after this had been given the green light by the LMC. Details are expected to be published soon.

QOF Guidance 2015-16

The QOF guidance for 2015-16, applicable from 1 April 2015, has now been published on the [NHS Employers website](#). A link to the guidance has also been published on the BMA website [QOF guidance pages](#).

District Nurse Prescription Requests and Authorisation Forms

The prescribing of certain items (such as dressings) to be administered by district nurses is NOT the responsibility of GPs. Many GPs locally will have issued these dressings over the years whilst being unaware of this. The LMC is in discussions with the CCGs/Medicines optimisation and SSOTP to rectify this and free up time for GPs to deal with their own work.

The issuing of a prescription with clear instructions on administration is in itself sufficient to guide the patient, the carer, the residential/nursing home or for that matter the district nurse on the appropriate administration of the drug. There is no need/obligation for GPs to countersign these authorisation requests.

BMA Sessional GP Newsletter

Members of the BMA may already have received the sessional GP newsletter, but for those who have not, the newsletter is available [here](#)

Cervical cytology training

This is a reminder that 3 yearly cervical smear training may support good practice, but is not mandatory under the GP contract. It is advised however that GP partners, as part of the clinical governance process, ensure that staff working in their practice have the competency necessary to take cervical smears.

Focus on GP Contract payments 2015-16

[The Focus on GP Contract changes document](#), available on the LMC website outlines the main changes in GP contract payments this year. This is also available on the BMA website.

Outcomes from March LMC meeting

NHS Health Checks

The Chair and Secretary have held a constructive meeting with Aliko Ahmed from Staffordshire County Council Public Health together with 3 public health consultants. Public Health want to commission the enhanced services from an overarching provider, but would like GPs to carry out the health checks. There is a significant amount of practices not doing this work in the South of the County as well as some in North Staffordshire. Public Health's remit is to deliver 100% access, and they have moved this portfolio to Jackie Small and will come back to the LMC as they would like the LMC to help them devise a service specification, which is to go out to tender.

JMOC and APC meetings

Dr Uday Kaktar had decided to step down as LMC representative for these meetings. The committee thanked him for his work. Dr James Parsons agreed to represent the LMC with Dr Richard Aw/Dr Uday Katkar as deputies.

Fosfomycin

After initial support from the LMC representative on the Medicines Optimisation Committee, on reflection LMC committee members agreed that the request by the Medicines Optimisation team for GPs to complete additional paperwork was not appropriate due to increased workload. Members agreed that GPs would happily prescribe Fosfomycin but that the paperwork, if required, should be completed by others, such as the microbiologists.

Stop Smoking service

The Secretary reported that as Public Health are no longer able to reimburse the CCG Medicines Optimisation Team for prescribing Champix on a FP10, they would have to issue their own prescription pads.

It is proposed that the parties who start providing stop

smoking services would have their normal prescription pads for the usual work, and a Public Health prescription pad for prescribing Champix. The LMC decided that this was impractical and further discussions would continue at April's LMC

Help & Support for GPs

This is a reminder that GP colleagues who find themselves under stress can access support from a number of national resources. The [Directory of Support Services for GPs](#) can be found on the LMC website. The Area Team of NHS England has kindly agreed some funding for our local scheme, the North Staffordshire Support Scheme (details of which are included in the directory).

Elections

After serving the LMC committee as a vice-chair for 4 years, Dr Jack Aw decided not to seek re-election. The committee is grateful for all the work Jack has done for North Staffordshire GPs, and has elected Dr Lorna Clarson to be his replacement from 1.4.15. Jack will remain a member of the LMC committee.

The post of chair of the committee was also up for re-election, and the committee was pleased to be able to re-elect Dr Paul Scott as their chair, as the seat was uncontested.

Flu vaccination campaign 2014/15

Practices will be aware that for the first time this winter local pharmacies were offered the opportunity to vaccinate eligible patients. The LMC fought hard to contest this as we felt that this would undermine the flu vaccination programme provided by practices. The evaluation undertaken by Public Health England shows that pharmacies added very little to the overall flu vaccination rates (0.61% of total vaccinations), and the LMC has commented on the report, arguing that the provision of the flu vaccination outside General Practice can not be justified. A final recommendation/decision for next winter's programme is now awaited.

LMC Officers

Chair:

Dr Paul Scott
Tel: 0300 123 1466

Vice Chair:

Dr Jack Aw
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Secretary:

Dr Harald Van der Linden
Tel: 01782 746898

Treasurer:

Dr James Parsons
Tel: 01782 534241

Practice Liaison Officer

Mrs Elaine Wilkinson
Tel: 01782 544466

Lay Secretary:

Miriam Adams
Tel: 0300 365 0135

Members

Dr R Aw	0300 1235002
Dr A Pugsley	01782 627403
Dr M Chada	01782 202622
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

Implementing the Care Certificate in General Practice

The GPC have released a [statement](#) of their position regarding the introduction of the Care Certificate in April 2015

Discharge of dementia patients back to GPs

It appears that discussions about funding for Dementia primary care liaison service have not been finalised which would have helped in monitoring patients in community. Therefore, we have been advised that all patients on anti-dementia drugs will continue to be monitored in secondary care as per shared care agreement. Memory clinic practitioners have been instructed to review patients as per shared care agreement. GPs are therefore advised not to accept any discharges of dementia patients on treatment from the dementia clinic.

Personal Profile - Dr Uday



Name:	Dr Uday Katkar
Place of Birth:	Bangalore , India
Medical School:	Jawaharlal Nehru Medical College
Year of qualification:	1994
GP Training:	North Staffordshire - Stoke-on-Trent
Current Place of Work:	Practices in the North Staffordshire area
Partner/Salaried/Locum:	Locum
Full time/part time:	Full time
Committee member since:	2012
Current role on committee	Member. Also represented the LMC at JMOC and APC meetings up to Feb 2015.
Medical-political interest or priorities:	<ul style="list-style-type: none"> • Halt local authority playing a major role in the NHS in guise of integration of services and dismantling of single handed GP practices. • Address work force issues proactively • Work towards level playing field for all irrespective of colour, gender, age, disability and sexual orientation.
If I could change anything for GPs it would be.....	Bring about meaningful work life balance to prevent burn out and bring better co-ordination of various services.