North Staffs LMC Newsletter

March/April 2017 – issue 33

North Staffordshire LOCAL MEDICAL COMMITTEE

In this issue….

60p Per Foot

I don't know if like me you were sad enough to sit up til midnight last week to see what NHS England has in store for us over the next two years. It confirmed that QOF is on the way out, but rather alarmingly the amount of stuff they want us to do to retain the money seems like a long list. I quote: "We will seek to develop and agree with relevant stakeholders a successor to QOF, which would allow the reinvestment of £700 million a year into improved patient access, professionally-led quality improvement, greater population health management, and patients' supported self-management, to reduce avoidable demand in secondary care".

NHS England Five Year Forward View Next Steps

Luckily GPC are aware of this worrying development. See **link** for article. However this got me thinking about what we could stop doing should QOF go. Actually, not much. I won't stop diagnosing and coding, measuring blood pressure, or prescribing recommended drugs, which is 43% of QOF. The items that are suitable candidates for stopping are mainly in diabetic, respiratory and mental health care.

It is a contractual requirement to share data for the national diabetes audit, presumably to shame us into carrying on with diabetic checks when QOF ceases. But how much does QOF really pay GP to undertake this work even now? It is for quite literally for pennies. It pays 68p per foot, or 136p per pair for a diabetic foot check. Clearly NHS England feel that if we have been doing work for pennies we will continue for free? Imagine what it would cost to commission podiatrists to check each diabetic foot? Would the local trust be interested in these pennies or would they demand more? If all GP referred rather than continuing with poorly paid work the CCG would have a big problem. And the national audit results? There can be no shame in standing up for and valuing of general practice.

Dr James Parsons
LMC Treasurer

Pay Uplift Announced

DDRB & NHSPRB recommend 1% for salaried GP and agenda for change staff. The GP contract had previously been announced but is included in the DDRB report for reference.

https://www.gov.uk/government/publications/review-body-on-doctors-and-dentists-remuneration-45th-report-2017

https://www.gov.uk/government/publications/national-health-service-pay-review-body-30th-report-2017

GPFV Schemes

Please find below the BMA link for info for **GPFV Schemes** which contains information on how to apply.

Releasing Capacity Update

Workflow Redirection

A total of 44 Practices and 55 staff have been trained on the workflow redirection process. A small number of additional Practices had implemented this process previously so have not accessed the training. Practices who have not yet implemented this process will be contacted and given a further opportunity to access the training.

Care Navigation

The aim is to launch this on 5th June 2017. The advert for a Project Manager has been sent out and interviews will take place on 21st April.

An event was held on 9/3/17 at Port Vale FC which was attended by 230+ Practice staff from across the 2 CCG's.
Wakefield Health & Wellbeing will provide consultancy, training and support during the implementation of the process and the CCG's have purchased 510 licenses for staff training.

Two Provider events have been arranged at Port Vale FC in May (p.m.18th & 25th).

Quality Improvement

A number of Practices have expressed an interest in being part of the Productive General Practice Quickstart programme. We have now been given a delivery partner for the programme, an organisation called KM&T. Anne Sherratt has a meeting with them on 7/4/17 after which we will need to draw up a delivery plan to be submitted to NHSE by 5/5/17.

Social Prescribing

The VCS Hub has been funded for a further 12 months and this will support implementation of the Care Navigation process. An event, Community Conversation, will be held on 26th April with the aim of relaunching Patient Participation Group's. Booking is via Nikki Ravenscroft (nikki.critchlow@nhs.net).

A Digital Expo, to be held on 18th July, will allow patients/public to view and test out a variety of Apps and technology including FLO and new consultation types.

Prescriptions for private consultations

Should GPs issue NHS prescriptions for medication recommended during a private consultation with a consultant?
When patients seek specialist treatment privately, the private consultant may prescribe any necessary medication. Often, however, consultants recommend a particular medication and patients ask their GP to issue a NHS prescription rather than paying for it privately. Even though individuals opt for private treatment or assessment, they are still entitled to NHS services. Where the GP considers that the medication recommended is clinically necessary:

• he or she would be required under the NHS terms of service to prescribe that medication within the NHS, even if the assessment from which the need was identified was undertaken in the private sector; however • if the medication is specialised in nature and is not something GPs would generally prescribe, it is for the individual GP to decide whether to accept clinical responsibility for the prescribing decision recommended by another doctor. (The same principles apply to requests to undertake diagnostic tests or other procedures within the NHS.)

Source: BMA Ethics Publication.

Occupational Hep B vaccine

Practice are advised that they can GP can enter into a private contract for occupational health purposes, but cannot charge the patient, only the employer. The relevant guidance can be found **here.**

Caldicott Guardian

The UK Council of Caldicott Guardians aims to support Caldicott Guardians across the UK by being a recognised point of contact for all Caldicott Guardians and health and care organisations seeking advice on the Caldicott principles; providing a key channel of communication facilitating the exchange of information, views and experience amongst all Caldicott Guardians; promoting consistent standards and training for all Caldicott Guardians; and supporting the formulation of best practice guidance and policies relating to the Caldicott principles.

To this end the UK Council of Caldicott Guardians has recently published **A Manual for Caldicott Guardians,** In the coming weeks the website will be extended to include case studies, minutes of Council meetings, and further information regarding membership and activities of the Council.

District Nurse Prescribing

After years of trying to get SSOTP staff to prescribe items they use to treat patients themselves (typically dressings) rather than ask the GP, we finally had an assurance from our CCG colleagues that the new community contract to be in place from 1 April 2017 would ensure that GPs would no longer be asked to prescribe for district nurses. Unfortunately the reality is already turning out differently, and district nursing staff are submitting their requests as before, saying they do not have (sufficient) prescribers in their teams. It is deeply disappointing that we are once again left to pick up the pieces. The LMC will attend an urgent meeting with the relevant parties to sort this anomaly once and for all.

Working at Scale

For those interested in exploring working as scale the LMC attended a GP Conference entitled 'Working Together to Sustain General Practice. This conference shed some interesting light on the way in which some areas in the country have started working at scale. For those of you looking for inspiration or guidance on how to start working at scale, the below links will provide you with the resources and presentations from the conference.

'Working Together to Sustain General Practice'.

Video of the conference.

Indemnity Payments

Further to the 2017/18 contract agreement, it is understood that indemnity payments are now starting to be made to practices. Follow the link below to **a briefing note on the BMA website**.

SFE Amendments and DES Directions 2017

Please find here copies of the amendments to the SFE and DES directions to reflect the **2017/18 GMS contract agreement**. These will also be available on the **Gov.uk website** in due course.

Guidance on the new contract requirements will be published on the BMA website shortly and will also be available on the **NHS Employers website.**

Guidance - last partner standing & handing back GMS/PMS contract

The BMA have published guidance on Last partner standing (please follow this **link**) and on Handing back your GMS/PMS contract (please follow this **link**). Both documents are available on this **page**, towards the end of the page.

DOLS legislative change

Many of us are asked to do reports for coroner for patients who die and on DOLS. There is a legislative change on this from Monday 3rd April 2017. Please see below from GPC about this-

Patients who die while subject to an authorisation under the Deprivation of Liberty Safeguards (DoLS) no longer require automatic referral to the coroners

From the 3rd of April 2017, it will no longer be necessary to refer all patients who die while subject to an authorisation under the Deprivation of Liberty Safeguards (DoLS) to the coroner.

Before that date, patients who died subject to DoLS were regarded as dying while in state detention, triggering an automatic requirement for an inquest. From Monday the 3rd of April the Coroners and Justice Act 2009 will be amended so that coroners will no longer be under a duty to investigate a death solely because the individual was subject to the DoLS at the time. These deaths will only require reporting to the coroner if the cause of death was unknown, or where the cause of death was violent or unnatural.

All deaths while subject to a DoLS authorisation that occur prior to the 3rd of April will still need to be reported to the Coroner.

Personal Profile - Dr James Parsons (LMC Treasurer)

Name	James Parsons
Place of Birth	London
Medical School	Sheffield
Year of Qualification	2004
GP Training	Sheffield, 2006-2009
Current Place of work	Orchard Surgery, Norton and Endon
Partner/Salaried/Locum Partner	Partner
Full time/part time	Full time
Committee member since	2012
Current role on committee	Treasurer
Medical-political interest or priorities	• Have adequate time for every patient. • Be able to keep up to date. • Have complete clinical freedom. • Have adequate, well-equipped premises. • Have at his disposal all the diagnostic aids, social services and ancillary help he needs • Be encouraged to acquire skills and experience in special fields. • Be adequately paid by a method acceptable to him which encourages him to do his best for his patients • Have a working day which leaves him some time for leisure. • Ref: the 1966 “Charter for the family doctor service” As pertinent now as 51 years ago (except, thankfully the use of the male pronoun)!
If I could change anything for GPs it would be…..	to see GP treated as equals in the medical profession, not some second-class doctor

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