

North Staffs LMC Newsletter

May 2018 – issue 41



Teamwork at UHNM

As GPs, we all know there are some emergency conditions that genuinely involve more than one specialty or multi-disciplinary team or could be dealt with by a choice of specialty. In any situation, there is one GP referring, one patient, one condition and one hospital. Why then is the unfortunate experience of GP locally that on referring to the hospital in these situations, the hospital will give GP the run around of calling multiple team members at the hospitals? Teams talk together. Teams communicate. A hospital that insists on a GP passing on information to their team members suggests they are not in fact a team. So in writing this UHNM, I am calling out your team. You lack teamwork. The poor experience of local GP is a symptom of this. If we are seeking to foster integration, and dare I say it, teamwork between GP and the hospital; how can we possibly expect this when professionals in one organisation cannot speak with one another as a team?

And so, I ask all GP on calling the hospital to insist: one GP, one Patient, one Hospital- ONE PHONE CALL OF REFERRAL. By pushing back on being given the run around, by insisting this, let's hope that teams start flourishing at UHNM.

Dr James Parsons
Treasurer



GP Queries to UHNM

By now you may have seen the excellent [poster](#) advertising how to rectify failings occurring as a result of UHNM care.

I urge all local GP and their staff to use the gphelpline@nhs.net address that aim to address concerns with 3-5 days.

Patients can ring 676450/676455 or email too using patient advice.uhnm@nhs.net.

Patient Registration

Practices are reminder about their contractual obligations regarding patient registration

Temporary registration- GPs can refuse temporary registration as long as they have given good reasons. See [latest BMA guidance](#)

For patients who move address which is outside a practices' catchment areas, patients have 8 days after notification of a PCO to register with another practice, and within the grace period patients should register at a new practice and the original practice is responsible for issuing medication up to the date of removal of their practice list.

Practices are also reminded that when taking on new patients, the patient should be allocated an appointment if requested, even if a new patient check has not been completed.

GDPR - using [SECURE] for NHS mail encryption

One suggested option to enable encryption of mail/attachments from NHSnet/NHS mail email addresses is to use the inbuilt Trend Micro encryption system ie by entering [secure] (in square brackets) first in the subject line before typing the subject. This then triggers the encryption system. This may fit the need for responding securely to SARs etc. Other LMCs have reported that their practices use this system and that it a GDPR compliant system for sending PDFs etc in response to SARs.

Dosette Boxes

A recent article in tails of the script gave an example of a practice forming a register of patients with dosette boxes and employing a clinical pharmacist to manage dosette issues. I would like to clarify that dosette boxes and their administration are absolutely the responsibility of community pharmacists. Patients and their carers should be directed to them for these issues. The practice is clearly doing something voluntarily and without resource. Individual practices should reflect upon the wisdom of following this example given the above.

Spirometry in Primary Care - GPC statement

The GPC have issued a statement on Spirometry which can be found [here](#).

Sessional GPs guidance on NHS pensions and Capita

Guidance for sessional GPs on NHS pensions and Capita can be found [here](#)

Non-prescription medication for care homes

Following a query from another LMC that some practices are reporting that they are receiving increasingly detailed requests from care homes about 'homely remedies', requesting a GP to sign a form for

the administration of these remedies, the GPC Prescribing policy group's advice is:

We approve of patients in residential homes or other such environments self-caring or receiving over-the-counter (OTC) medicines as all other people do, although recognise that their frailty does bring with it special problems. Many care homes are introducing these policies, sometimes with the approval of local medicines management schemes, and GPs are being asked to complete the paperwork as an alternative to receiving inappropriate prescription requests.

The main problem, however, is that there is no guarantee that the circumstances that were present when the form was signed still apply when the OTC medicine is to be used, and there is a real danger that these forms will not be updated when patients' circumstances change.

Therefore, it is safest if OTC medicines are available to care home residents after the input of a community pharmacist, where possible from the same pharmacy that supplies the patient's normal medication. This is an appropriate use of a pharmacist's skills, within their competence, and in line with the low value medicines agenda.

Vaccinations and Immunisations 2018/19 GMS guidance

The finalised vaccinations and immunisations GMS guidance is now live on the [NHS Employers Website](#) and is also available on the [BMA vaccinations and immunisation page](#).

Prescribing Guidance

The GPC prescribing policy group has updated the [Prescribing guidance](#), to include a link to [the template letters](#) relating to the new requirements on hospitals to reduce inappropriate bureaucratic workload shift, in the Q&A section *Can my GP refuse to give me a prescription that my consultant asked them to provide?* (page 9).

We have also made some amendments to the prescribing numbers, independent prescriber and private prescriptions sections.

The prescribing guidance is available on the newly updated [prescribing pages](#) on the BMA website.

Reimbursement for phased return to work

Following our intervention, NHS England has now confirmed that practices must be reimbursed under the SFE for cover for GPs on phased return for sickness. Reimbursement should include the cost of cover for all the sessions (up to the weekly ceiling) for which the GP is still absent, to maintain the normal GP cover. NHE England local teams should now be talking with CCGs where issues have been raised to rectify any misinterpretation of the SFE.

Hospital contract guidance – onward referral

New guidance [on onward referral](#) has been published. Changes to the contract in 2016 allowed for onward referral of patients by secondary care clinicians, in certain situations, rather than having to always require referral back to the GP. The guidance is designed to support doctors locally in applying the change appropriately.

As a reminder, new guidance was also published recently on the [responsibility for prescribing and principles for shared care](#). All guidance can be found on the [BMA website](#), including the [Quality First pages](#) with the [template letters](#) to support LMCs and practices in reporting contract breaches.

The BMA know that implementation of the contract measures is still very variable and they will continue to press for improvement. They are currently working with NHS England on a contract implementation toolkit for CCGs, who will be encouraged to work with LMCs and providers.

In the meantime, the BMA is encouraging LMCs to continue engaging locally, to push for the changes to be implemented consistently, and to share any

specific challenges with them. This will enable them to continue bringing it to the attention of NHS England, to ensure the national contract changes are realised locally. Equally it would be very helpful to share examples of good practice so that similar practice can be realised and replicated across England.

Please email any examples of good practices to the LMC office admin@northstaffslmc.co.uk

Reflective entries in appraisal portfolio

It was made LMC conference policy to advise GPs to stop reflective entries with appraisal portfolio. Disappointingly this has not happened. Guidance is expected in the autumn for doctors on how to avoid reflective notes being used against them. See GP Online article [here](#). Given that a well-known local GP who works with the GMC said recently that if you believe current GMC reassurance then you will believe anything, GPs remain vulnerable. In the meantime, it is worth reminding that one should never write anything that could be identifiable to individuals in the portfolio. It is also noted that in hospital, appraisees prove reflection in the appraisal rather than the portfolio to avoid things being written down. Perhaps we ought to recognise that appraisal is not a confidential, formative process, if it ever was, and nothing should be said nor written that you would not want published on a front page of a newspaper?

Prescribing Over the Counter medicines - GPC guidance

Following two consultations on which items should not be routinely prescribed in primary care, and on conditions for which over the counter (OTC) items should not routinely be prescribed in primary care, NHS England published [revised commissioning guidance for CCGs on reducing prescribing of OTC medicines for minor, short-term health concerns](#), as part of a drive to reduce prescribing of OTC medicines to save the NHS money.

The GPC responded to both consultations, supporting the efforts to educate patients about self-care of minor ailments, and encouraging the appropriate use of effective medicines that are available from community pharmacies or other retail outlets. However, without changes to the GMS regulations that govern GP prescribing, we highlighted that GPs will be at risk of complaint from patients or criticism from their CCGs, and that the NHS England guidance cannot be used by CCGs to ban all such treatments.

GPs must continue to treat patients according to their individual circumstances and needs, and that includes issuing prescriptions where there are reasons why self-care is inappropriate.

The GPC has now published guidance on the contractual requirements for practices in prescribing OTC medicines for minor, short-term health concerns, which is available [here](#).

NHS Complaints Data Return

The window for practices to complete and submit the 2017/18 NHS complaints data return closes on Friday 8th June. The BMA has previously advised that practices are under no legal obligation to complete and submit the current KO41b return – instead the default obligation is for practices to comply with the 2009 complaints regulations. This view remains – however, as reported to LMCs previously, following confirmation of the BMA’s position last year NHS Digital asked the Department of Health and Social Care to publish a new legal Direction that would provide the necessary legal obligation to complete the KO41b return.

The BMA has now received confirmation from NHS Digital that it is unlikely that this Direction will receive Ministerial approval and be published before the current collection window closes. Without the new Direction in place NHS Digital have accepted that it cannot require practices to complete the current KO41b return – this technically becomes a voluntary

collection, though NHS Digital would still wish practices to take part.

In the absence of the new Direction, it remains a statutory requirement for practices to provide complaints data in accordance with ‘*The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009*’. This requires practices to operate a complaints procedure and make certain information available. A link to the full regulations is available [here](#) – see paragraph 18 ‘*Annual reports*’.

Quality Improvement

A further 10 Practices have participated in the Productive General Practice Quickstart (PGPQ) programme with some excellent outcomes which are saving both time and money whilst streamlining and improving processes.

Information is being gathered from participants which will be collated and shared with all Practices. There are another 9 Practices who have expressed an interest in participating in the programme and the next tranche of funding will be available to bid against in September. If anyone else would like to be part of the PGPQ programme please let Anne Sherratt know: praticeliason@northstaffslmc.co.uk

Quality Facilitator

NHSE have provided funding for a Quality Facilitator to cover North Staffs/Stoke practices for one year. The aim is to

- bring quality improvement tools and techniques into Practices that have had no previous help with quality improvement
- to support those Practices which have participated in the PGPQ programme to further develop their quality improvement skills

The successful applicant will be employed by the GP Federation and the vacancy will be advertised on NHS Jobs from 1/6/18 with a closing date of 15/6/18.

GPC newsletter

Here is the latest [newsletter](#).

Staffordshire Collaborative Fees wef 01.04.18

	Form	Payment
Exams & Reports in a form recommended by the British Agencies for Adoption and Fostering (BAAF)		
Adoptive (Parents)	F001-0	£35.66
AH2 (health assessments on prospective carer)	F001-1	£101.12
AH2 (supplementary to AH)	F001-2	£42.57
M/B	F002-0	£63.86
M/B (forms M/B Obstetric/Neonatal reports)	F002-1	£63.86
AME	F003-0	£127.72
Form C	F003-1	£127.72
Form D (forms AME:C:D detailed med exam to report on child)	F003-2	£127.72
IHA (initial health assessment for looked after children)	F003-3	£79.83
YP (detailed med exam to report on child)	F003-4	£127.72
Case Conferences		
Attendance up to 1 hour – GP	F004-0	£85.15
Attendance over 1 hour requires certification by Social Services - GP	F004-1	£127.72
Travel if applicable– per mile up to 3,500 miles	F004-2	£0.56
Providing a Case Report (in lieu of attendance at case conference)	CR1	£56.12
Other Reports Requested by Social Services		
Occupational Therapist Assessment	F010-0	£26.77
Referral/Assessment Form GP2 (only if med exam carried out)	F012-0	£35.66
Certificate of Visual Impairment (exam in consulting room)	CV1	£75.25
Certificate of Visual Impairment (re-exam in consulting room)	CV1	£50.53
Educational & Health Needs Assessment (SEND) LA only and not for Academies	EHNA1	£56.12

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