

Newsletter



North Staffordshire
LOCAL
MEDICAL
COMMITTEE

Professional advice for General Practice

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Editorial

The LMC newsletter is intended to keep practices up to date with national and local developments which will affect day to day general practice. We tend to publish only the fully worked out guidance and solutions, or highlight potential pitfalls, but I feel you need to know that there is a lot more going on behind the scenes.

Where most national directives are scrutinised by the GPC and published in the national press, implementation of many of these initiatives on a local level is a matter for the LMC to sort out with it's local "partners". One such example is The Five Year Forward View which, amongst many other things, refers to different models of working in Primary Care with an emphasis on working at scale in General Practice. The LMC is therefore in discussions with the CCGs to see how we can support an acceptable working at scale, to make General Practice as we know it in North Staffordshire sustainable and more resilient for the future. Although the LMC is there to support and represent all practices, I would anticipate that the current federation may have a role to play in delivering General Practice at scale.

A particular area of concern to the LMC is the inability of the community provider (SSOTP) to deliver on many of it's contracts. This tends to have a knock-on effect on practices. If district nurses are not in post, General Practices are asked to pick up the work. We have had discussions with SSOTP to highlight our concerns and ask that they be addressed as soon as possible, but given the scale of the problem I'm concerned that SSOTP will not be able to deliver. Paul (LMC Chair) and I have therefore explored other models of working, and we have had discussions with a GP federation in Herefordshire who have successfully managed to form an association with their community provider. That might seem a big leap ahead, but could that be the answer to our problems in North Staffordshire...

GPC News

GPC Newsletter-issue 8, 31st Oct 2014

Articles include:

- BMA 2015 research grants for medical practitioners
- Decisions relating to cardiopulmonary resuscitation - joint guidance
- Ebola guidance for Primary Care

GPC Newsletter - issue 9, 21st Nov 2014

Articles include:

- Co-commissioning
- Five Year Forward View
- NHS Property Services lease: update for LMCs and practices
- Seasonal influenza vaccinations for patients with learning difficulties.

Regards,

Dr Harald Van der Linden
Secretary, North Staffs LMC

Unused Nexplanon

GP sees patient and agrees to fit Nexplanon. He/she raises a prescription for this in patient's name and agrees a fitting date. Pharmacist supplies the prescription to the practice in readiness for fitting. Patient changes her mind and does not wish to proceed with fitting. What is practice expected to do with the Nexplanon? Return to pharmacy, give to patient, save for next patient?

Reply from Fiona Riley - Medicines Optimisation Team:

Once an item has been dispensed and left the pharmacy technically it cannot be returned and re-used as there is a risk that the medication could have been tampered with. It is a complicated issue but the FP10 is a legal document and part of the audit trail, therefore since the item has been prescribed for a specific named patient it should not be used on another patient. The medicine is now part of the patients property and in theory should be given to them, but clearly the safe approach is to say, 'since you now no longer wish to receive this medicine we will dispose of it safely on your behalf'.

On a governance level this is the most appropriate action to take, and a note should be made on the patient's records to say they decided not to have the treatment.

Patient Transport to The Royal Stoke University Hospital

Practices are advised that patients requiring ambulance transport to the UHNM hospital can now ring and arrange this themselves. The number to call is (01782) 676666.

National Weighing Project 2014/15

In 2007, LACORS (the Local Government Co-ordinators of Regulatory Services) commissioned a national project which focussed on the availability and use of weighing instruments in hospitals. The project ran over 2008 & 2009 and was described as “very successful” in that it showed the value of co-operative working between the Health Services and Legal Metrology Practitioners, and showed improvement in compliance as the project progressed. It made sure that the equipment was accurate, legal and fit for purpose, resulting in a demonstrable increase in compliance supported by joint educative and training material for Health Practitioners.

It has now been agreed by the National Metrology Expert Group and the NMO that Doctors’ Surgeries, Pharmacies and Health Centres will be next. The scope of the project will be to focus on improving standards of medical weighing equipment and practice in NHS Doctors’ Surgeries and Health Centres, through partnership working. The aim will be to improve standards in medical weighing in this sector across the UK.

PGDs

This is a reminder to advise practices that all PGDs must be signed off by a GP. Recently a practice in another LMC area received a visit from the CQC who were clear that it was illegal for their Senior Nurse to sign the PGD on behalf of the practice. Updated guidance from the GPC will shortly be published, however GPC and NMC guidance is clear that the GP must sign the PGD - see Human Medicines Regulations 2012 - [Regulation 230 \(5\) a and b](#)

Is your New Patient Registration Form comprehensive?

The Area Team have advised us that, following a local serious patient incident, a root cause analysis has identified some learning which may be helpful for practices.

Practices are advised to have a suitable new patient

registration form which captures any significant family history including serious illnesses and cancers. A Standard Operating Procedure (SOP) at the practice should detail how such information is added to the computer records. Relevant significant past medical history, medication, allergies and family history should be included in any referral letter along with appropriate clinical history and examination findings.

Guidance on NHS Property Service Lease

The BMA Practice Finance team have collaborated with BMA Law to put together a short guidance note about the NHS Property Services lease that is currently in circulation.

[Click here](#) for an outline of the headline issues and key provisions arising from the lease. These include:

- Break clauses
- Rent reviews
- Relocation
- Repairing obligations
- Sharing occupation
- Alterations
- Security of tenure

The GPC/BMA Law note covers the full lease and builds on the legal view obtained by Wessex LMCs, who obtained a legal view on the Heads of Terms that accompanies this lease.

The BMA are still seeking clarification with NHSPS on the exact nature of this document and the scope of its intended use. To that end, the BMA will be meeting the Chief Executive of NHSPS in early December, and intend to make it absolutely clear that the current document is inappropriate.

The BMA's advice to all practices in NHSPS properties, is that they **should under no circumstances sign any current standard lease** or other document from NHSPS without receiving full legal advice in order to understand the consequences of signing the lease. If they are asked to sign or agree a lease we would ask that they inform GPC and seek independent legal advice on the document.

The BMA will be working centrally to influence NHS property services and will be able to advise any LMC, so that they

are in a position to robustly defend colleagues who are under undue pressure to sign up.

Charging for occupational health vaccinations

Unless Practitioners are suitably trained to provide occupational health advice, and have made a workplace assessment of their patient's needs they should not provide vaccination for their patient. In any circumstance, they cannot charge their patient for vaccinations for occupational health purposes. Where vaccinations are indicated the practice should charge the employer direct.

I remind you that Hepatitis B vaccination of medical students is the responsibility of the University Medical School.

Further information on vaccinations and immunisations can be found in [this document from the GPC](#)

Co-commissioning - important decision for CCG member practices

As things stand the core contract for GP practices currently sits with the Area Team of NHS England, whilst CCGs commission most other health services (such as hospital care, community health services and some GP practice enhanced services). The government decided earlier this year that CCGs should be given the option to extend their commissioning responsibilities, to include additional General Practice contracts, and possibly even the core GP contract itself. CCGs have been given 3 co-commissioning options: 1. Greater involvement 2. Joint commissioning with the Area Team 3. Delegated responsibilities (to include full commissioning of General Practice services).

As CCGs are membership organisations, practices will soon be asked by their CCG to indicate which of these 3 options would be their preferred option. In making an informed decision many issues need to be considered, and to allow an exchange of thoughts our local CCGs have arranged

membership events to allow practices to explore these 3 options. The details for these are as follows:

North Staffs CCG:

Date: Thursday 4th December 2014

Time: 7.00 pm (buffet at 6.30 pm)

Venue: Salvin Room, Keele Hall, Keele University Campus

Stoke CCG:

Date: Wednesday 17th December 2014

Time: 7.00 pm

Venue: Britannia Stadium

As the decision on the level of co-commissioning will potentially have far reaching implications for General Practices I would strongly advise practices to ensure that at least a suitable delegation attends their CCG membership event, so that they fully understand what they vote for.

Hepatitis B - vaccination for patients at risk

Good medical practice dictates that patients at risk of attracting Hepatitis B through an infected partner or parent are offered Hepatitis B vaccination. It has come to the LMC's attention that no contractual arrangements are in place for practices to be reimbursed for this work. We have therefore entered into discussions with Public Health England to see whether we can come to a suitable agreement.

Repeat Prescriptions

The LMC has recently had discussions with representatives of the Local Pharmaceutical Committee, the CCGs and the Medicines Optimisation Team after concerns were raised about inappropriate dispensing of repeat prescriptions by some pharmacists.

As a result it was proposed that in future pharmacists would highlight on the repeat slips those items for which no prescription was required from the practice, and that for audit purposes the highlighted order slip would be returned to the pharmacy with the prescription issued by the

LMC Officers

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0300 123 1466

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practice. This would allow for an element of scrutiny, but as the management of repeat prescription issues would involve additional steps the LMC does not feel that it can support this. Although practices may choose to take part in this process, there is no obligation for them to do so, and the LMC does not support it.

Pharmacies are contracted by the Area Team. If GP Practices have reason to believe that a pharmacy is not acting in accordance with good practice they are advised to notify the area team, and report the incident on Datix.

Practices are reminded that they themselves are expected to have a suitable repeat prescribing policy in place, such as the CCG "Good Practice Guide to Repeat Prescribing".

Personal Profile - Dr Richard Aw

Name:	Dr Richard Aw
Place of Birth:	Rangoon, Burma
Medical School:	Charles University-1st Faculty of Medicine, Prague
Year of qualification:	August 2001
GP Training:	West Midlands Deanery
Current Place of Work:	Willowbank Surgery
Partner/Salaried/Locum:	Salaried and Locum and Clinical Director role.
Full time/part time:	Full time
Committee member since:	April 2012
Current role on committee	Representation for salaried doctors
Medical-political interest or priorities:	<ul style="list-style-type: none"> • GP recruitment and retention • Teaching (medical students, nursing team, and registrars) • NHS & Primary Care resource management • NHS & Primary Care IT system and organisation
If I could change anything for GPs it would be.....	<ul style="list-style-type: none"> • To ensure salaried doctors are fairly recognised for the work that they do • To try and achieve a reasonable work-life balance for every GP • To be recognised and remunerated fairly for the work that we do