

# North Staffs LMC Newsletter

Oct/Nov 2017 – issue 37



## LMC England Conference

Last Friday representatives of North Staffs LMC attended the inaugural conference of England LMC.

Coming away from these events one always notes the number of motions that are voted through with unanimously or at least without opposition. This goes to show that on so many issues GP are united. There are few issues on which GP are split down the middle. If GP largely have the same opinion on what needs to be done and what needs to be fixed, why are we in the middle of this GP crisis? The government clearly cannot or will not listen to our collective prescription. We need more money. The hospital, with their 93% of the budget, ought to help GP out, with their 92% of patient contacts, rather than the other way around. Support should be given promptly, simply, and honestly rather than through a Forward View scheme that promises multiple times over yet has so unevenly benefited practices.

Forget the media interest on support for private practice that was voted down, it was the perception of non-delivery of the Forward View that resulted in it being the subject with most motions submitted and accepted for debate. As a result, the conference has given the scheme a year to truly deliver. So, let's hope that if 58 of 104 Forward View pots have already meant to have delivered, the next 46 can truly benefit bog standard GP practices and general practitioners.

In other news, let us also hope that those in power also heed the report of the CQC on the state of the Stoke-on-Trent health economy. I recommend you read its findings [here](#):

## New LMC members

The LMC Committee has recently welcomed two newly qualified GPs as co-opted members.

Dr Pui Ngan, a GP at Silverdale Village Surgery, and Dr Jaffar Khan, a GP at Tunstall Primary Care Centre were co-opted onto the committee at the November LMC meeting. Dr Paul Scott, LMC Chair commented, "On behalf of the Committee, I would like to welcome Dr Ngan and Dr Khan to the committee and look forward to their input into the LMC".

## Datix reporting of OOH problems

GP colleagues keep raising concerns with the LMC about the services provided by the current OOH provider. This ranges from long delays before attending to sick/terminal care patients, to work which should have been completed by the OOH service being deferred to the patient's own GP. This impacts both on patient care and on in hours service provision by the patient's own GP. The LMC wishes to support practices and the CCG in ensuring that the OOH provider delivers on it's contract and is asking colleagues to report any concerns via DATIX.

## Improving relationships between GPs and Secondary Care Consultants

Practices will be aware that the GP event reporting review group had recently met to review 80 events which had been reported on DATIX. Practices also continue to report issues to the LMC, and the LMC Secretary has raised these at the Primary Care Commissioning meeting held on 14.11.17.

The LMC feels that current arrangements are not working due to a lack of understanding by UHNM staff (clinical and non-clinical) about their professional and contractual obligations, as well as a culture at UHNM of “It’s not my problem”. To help, the LMC has suggested that some training to UHNM staff may be beneficial in addressing the issues. Some LMCs have managed to offer induction training for new starters in their acute trust. A checklist would also help, which would need to be signed off before any letter is released from UHNM. In addition, to bring about culture change within UHNM, some contractual levers may be required. In the next few weeks, a group of GPs will be meeting with the CCG contract team to explore the options, and we will keep practices updated accordingly.

## Staffordshire Thrombosis and Anticoagulation Centre (STAC)

Some practices are receiving letters from the STAC together with a list of medications they believe patients are taking, asking GPs to check the list and inform the STAC if there are any omissions. This is an inappropriate request which causes unnecessary workload pressures on practices. The LMC will be meeting with the STAC to discuss this and other issues. If your practice has any issues they wish to report, please inform the LMC office at [admin@northstaffslmc.co.uk](mailto:admin@northstaffslmc.co.uk) and your concerns will be raised at the meeting.

## Practice Manager Association

You may not be aware but the Practice Manager Association (PMA) is a UK-wide membership body that provides interaction, insight, education and training opportunities for people involved in General Practice.

There is a very interactive discussion forum where you can seek help or advice from other Practice Managers about policies, staffing, complaints, CQC etc. There are some very interesting issues raised on this forum.

The PMA also run workshops and various education programmes, which are discounted for members, and have a monthly newsletter.

Membership of the PMA is **free** all you have to do is go to their website <https://practicemanagersuk.org/> and click on the ‘Join us’ link at the bottom of their home page.

## Text Messaging

Many Practices have already introduced some form of text messaging to patients and others wish to follow. However, as we know the process on EMIS currently has severe limitations. There are alternatives, but they do come at an additional cost.

An example of one of these is MJog Patient Messaging Services. Using this particular software, you can gather a wide range of information from patients and automatically update the patient record including read codes, you can send appointment reminders, run your flu campaign etc. One of our colleagues has recently had a demonstration and was impressed by the potential benefits <http://www.mjog.com>

## Quality Improvement

Our 1<sup>st</sup> cohort of Practices have now completed the Productive General Practice Quickstart (PGPQ) programme which produced some brilliant outcomes for them in terms of making processes more efficient and streamlined and releasing time and resource for other things.

We have another 12 Practices wishing to participate in the next wave of the programme and have submitted a funding request to NHSE. We will know the outcome on 27/11/17.

Anne Sherratt will be working with CCG staff to see how we can capture all the work done by the Practices participating in PGPQ so that this can be a shared resource for all Practices to access.

The searches for Frequent Attendees and DNA’s have already been given to the DQF’s and you can ask them for them to be made Practice specific and loaded onto your medical database. Please discuss with your allocated DQF.

## GP General Data Protection Regulation Guidance

The [General Data Protection Regulation \(GDPR\)](#) will become UK law on 25 May 2018. The Information Governance Alliance (IGA) will shortly publish guidance for health and social care on the impact of the changes. The IGA website will provide links to complementary guidance from the [Information Commissioner’s Office](#) and the [Health Research](#)

**Authority.** If you have queries in the meantime, please contact your local information governance support. NHS England is developing GDPR guidance for GPs, which they intend to publish on the IGA website in due course.

## Criminal Finances Act 2017

The following [article](#) is from the Institute of Chartered Accountants of Scotland newsletter, which was shared with LMCs by the GPC. The legislation applies to partnerships.

## Switching to Snomed CT April 2018

Please see a [letter from the Co-Chairs of the BMA / RCGP Joint GP IT Committee](#) regarding the move to SNOMED CT from Read and CTV3 codes that will take place in April next year. The letter aims to answer questions that practices may have about the switch and also directs to helpful advice and guidance for practices to use.

## Requests for medical records from the police

The BMA has issued a Proforma for Practices who receive requests for medical records from the police. The Proforma for practices re requests for medical records from the police' can be found on the [Resources pages of the LMC website](#).

Following discussions with the NPCC (National Police Chief's Council) regarding signing off, the BMA has agreed that the level of police seniority that they recommend to GPs to obtain before considering releasing medical records to the police is lowered from Superintendent to Inspector. The BMA has restated to the NPCC the need for any request from the police for medical records is only made when absolutely necessary.

Please note that this is the only change to the guidance that has been made.

## The role of General Practice in Staffordshire and Stoke-on-Trent STP (sustainability and transformation plan)

The LMC invited Simon Whitehouse, director of the STP to speak at our LMC committee meeting earlier this month. The committee heard how the STP sees General Practice and out of hospital care as the cornerstone for their plans to make the local health economy sustainable. LMC members raised concern that there had been insufficient engagement with grassroots GPs, and that collaborative working between primary and secondary care clinicians is hampered by the lack of a joint agenda, lack of trust and accountability as well as organisational cultural issues. Mr Whitehouse and CCG colleagues present at the meeting committed to help overcome these difficulties.

## Lobbying for GPs to be added to the Shortage Occupation List

GP recruitment issues are now so severe that NHS England is preparing to recruit 2000-3000 GPs from the EU and other non-European Economic Area (EEA) countries through its [International GP Recruitment Programme](#). Alongside other key stakeholders, including NHS England, Health Education England, the Royal College of GPs and the General Medical Council, the GPC will be lobbying the government to commission the MAC (Migration Advisory Committee) to review its SOL (Shortage Occupation List). This would give the BMA and others a new opportunity to submit evidence in favour of adding GPs to the list.

Employers who wish to recruit an individual from outside the EEA for a vacancy on the shortage occupation list, i.e. occupations where there are not enough resident workers to fill vacancies, may issue a [Tier 2](#) certificate of sponsorship (CoS) without the need to demonstrate that a time-consuming resident labour market test (RLMT) has been carried out. However, some newly qualified UK trained IMG GPs

have recently contacted the BMA GPC notifying them of rejected visa applications because the Home Office has not deemed that the requirements of the RLMT have been met.

One UK trained IMG GP has started a [petition](#) seeking to compel Parliament to consider adding GPs to the SOL. Please disseminate this link to your colleagues, peers and friends and recommend that they add their signature to the petition. The GPC can reference this petition when talking with other stakeholder organisations, and when the opportunity to submit formal evidence to the MAC arises. The GPC will also continue sharing examples of the difficulties practices and UK trained IMG GPs face with the International GP Recruitment Programme Advisory Board.

## Tax Penalties

The following [Infographix](#) has been prepared by the Institute of Chartered Accountants of Scotland, and the GPDF have been given permission by ICAS to share it with LMCs.

Note: the GPDF does not provide taxation or other financial advice but is making this information available for the general benefit of GPs.

## PHE Hepatitis A and Hepatitis A/B vaccine PGDs

Public Health England has published the following [PGD templates](#) on their website:

- Hep A, which supports the provision of hepatitis A vaccine to individuals considered at high risk of exposure to hepatitis A or post exposure to hepatitis A virus.
- Hep A/B vaccine, which supports the provision of Hep A/B vaccine to individuals over one year of age requiring pre-exposure immunisation against hepatitis A and B virus.
- Hep A/B vaccine (Temp) PGD, which has been issued for use during the global shortage of hepatitis vaccine affecting UK supply. It supports the administration of Hep A/B vaccine to individuals requiring pre-exposure or post-exposure immunisation against hepatitis A or B

virus in accordance with PHE temporary dose sparing advice, to preserve and prioritise monovalent hepatitis vaccine stock for those with the greatest ability to benefit and highest immediate need.

These PGD templates require organisational authorisation in line with HMR2012 before they are legally valid PGDs. It is advised that PHE PGD templates are organisationally authorised in accordance with local procedures before sharing with providers.

These, along with all the other immunisation PGD templates, are available on the [PHE website](#), and a link has also been added to the GPC's

## GPC News

Here is the [GPC newsletter LMC England Conference News](#)

## Sessional GP Newsletter

Here is the [link](#) for the latest newsletter.

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