



North Staffordshire LOCAL MEDICAL COMMITTEE

Professional Advice for General Practice

September 2013

North Staffordshire Combined Healthcare

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Advice, guidance, apologies and a windfall

It will come as no surprise to anyone reading the LMC newsletter that most space is taken up by advice and guidance on the latest information with regards to practice management. Much of this information is produced by the GPC and North Staffs LMC, and we aim to publish this information in a timely manner.

Unfortunately this newsletter has been a long time coming (and therefore is rather longer than usual), largely due to a change-over of our lay-secretary. For this I would like to offer my apologies. Our aim from now on will be to produce a newsletter every 2 months.

It pays to talk. After communication with other LMCs it was clear that the LMC should not have been charged corporation tax. Our treasurer Dr James Parsons took this up with the Inland Revenue who eventually agreed to refund the LMC a substantial amount of money.

Dr H Van der Linden

North Staffordshire Combined Healthcare GP Feedback/Enquiry e-mail account

Following discussion with GP Leads at the LMC committee meeting and informal conversations between GP and Consultant colleagues, Combined Health Care have identified a gap in communications for 'general feedback' or informal mental health enquiries.

As a result they have set up a dedicated email account, for GP colleagues to use to contact North Staffordshire Combined Healthcare NHS Trust for general mental health advice, guidance and information.

GPsupport@combined.nhs.uk

The email account should be used for:

- General queries relating to Mental Health processes, protocols or policies
- Non-urgent support or advice relating to mental health illness, learning disability or substance misuse
- Requests for signposting information
- Requests for contact details for NSCHT staff

The email account should **not** be used for:

- Urgent requests for information which may impact on patient care

- Person-identifiable correspondence (including patients, staff and members of the public)
- Referrals

The e-mail contact point **does not replace existing methods of communications** between clinical colleagues. It is simply an additional mechanism which GP colleagues may want to use for more generic requests for support or information. Referrals should still continue via existing access points, including via the **Access Service on 0300 123 0907**

Jury Service for GPs

Practices do not have a legal obligation to cover a GP's salary during jury service. All loss of earnings and associated costs would need to be claimed back from the courts.

Click [here](#) for further information

Premises Lease Agreements

I would like to draw to colleagues' attention an article which appeared in pulse magazine earlier this year, advising practices against signing locally devised premises lease agreements. A link for this article can be found below :

Click [here](#)

GP Complaints

Staffordshire Commissioning Support Unit has provided some clarification regarding the procedure for dealing with complaints which cannot be settled by GPs in their practices or where patients do not wish to complain in-house.

The Patient Services Team are part of the Staffordshire & Lancashire Commissioning Support Unit and deal with Complaints and PALS issues for 9 CCG areas as follows:-

- North Staffs CCG
- Stoke CCG
- South East & Sesion CCG
- Stafford & Surrounds CCG
- East Staffs CCG
- Cannock Chase CCG
- Telford & Wrekin CCG
- Shropshire CCG
- Hereford CCG

Staff Teams are based at Heron House, Anglesey House and Telford. There is a Freephone number which is 0800 030 4563 and a generic email address which is feedback@staffordshirecss.nhs.uk

The initial call or email will be picked up by a member of the team (there is a rota system for the telephone and email account) and this in turn is then forwarded to the appropriate team to follow up appropriately.

Currently they are also investigating complaints that have been sent directly to NHS England.

There is also the Independent Complaints Advocacy Service (ICAS) which offers some assistance guiding through the NHS Complaints Process. They can be contacted 0845 337 3054.

Role of the LMC in Succession Planning for General Practitioners

This is an important issue which has been raised at the LAT several times, especially with regard to single handers. If there was no succession, the LAT either closes the list and disperses or has to put it out to APMS tender. With overlap recruitment by another GP or practice, this is avoided.

Prescribing of Testosterone in Gender re-assignment

Colleagues may occasionally find themselves being asked by secondary care colleagues to prescribe and administer testosterone injections and monitor treatment, for a woman seeking gender re-assignment. No shared care arrangement for this exists, and as the transfer of this work from secondary to primary care is currently unfunded the LMC would advise you that it is at the GPs DISCRETION whether to accept this unfunded work and the associated responsibility. Please promptly advise the consultant who requests your cooperation of your intentions to accept or decline the request.

Guidance on conflicts of interest

Decisions about allocation of resources, population need and service design are complex, particularly at a time of financial constraint. As CCGs adopt their statutory duties, doctors in commissioning roles have responsibility for significant amounts of public money. The GPC has produced new guidance on conflicts of interest for GPs as commissioners and providers. The guidance covers issues such as the governance of CCGs, GMC obligations for doctors in commissioning roles, primary care incentive schemes and what membership of a CCG means for GP practices.

Click the link [here](#)

Smoking Cessation

A representative of the LMC has met with Public Health and raised the contentious issue about GPs (who have not provided the stop smoking advice) being asked to prescribe Zyban or Champix by smoking cessation providers outside the practice. There is a paragraph in the contract which says that the patient should be given choice, and if the patient wishes either of these 2 methods of support and the provider cannot issue it (because they are not prescribers) the GP can be asked to issue the prescription AT HIS/HER DISCRETION. The LMC has made it absolutely clear that it is NOT for the GP to provide these prescriptions unless he/she also provides the stop smoking support. Apparently attempts have been made over the years to resolve this issue, through a PGD or Shared Care agreement.

Resolution of Current Market Rent Disputes

The NHS Litigation Authority, whose role is to adjudicate in contractual disputes between the NHS Commissioning Board (NHS England) and individual Primary Care contractors, has provided some guidance notes for parties involved in dispute resolution. Click the link [here](#)

Multiple prescriptions for dosette boxes

Below is some guidance regarding multiple script request by pharmacists for dosette boxes and weekly scripts. The link will take you to 'The Community Pharmacy - a guide for General Practitioners and Practice Staff. Click the link [here](#) and see page 13 for information on the FAQ section.

Legionella Risk Assessment & Testing

The BMA has confirmed that GPs are not required to carry out Legionella risk assessments and do not have to pay an external company to establish legionella risk. This has also been confirmed by the CQC.

Locums and VAT

The following advice has been given to the LMC by the Treasurer and Director of the General Practitioners Defence Fund.:

"You may have seen an article in The Times on 28 June which referred to dozens of NHS Trusts in England being under investigation by HMRC over their alleged use of schemes to avoid VAT when employing locum or part-time doctors.

This gives me the opportunity to draw your attention to the position of GP locums employed through a Limited Company, often referred to as a service company; the services they provide are subject to VAT when the registration threshold for VAT has been reached. The threshold level includes all charges made by the company including but not limited to fees and the recovery of expenses. The registration threshold is currently £79,000.

Doctors working as locums through an agency should, if they have not already done so, take advice on the application of VAT to their work and if registration has not been effected on time how to mitigate any penalties and interest charges accruing for late registration by making voluntary disclosure.

Neither the GPDF nor the BMA can assist with VAT or other form of taxation, but do encourage all doctors to seek appropriate professional advice on taxation matters.

Texting Patients with appointment details/ test results

Catharina Ohman-Smith, Senior Policy Executive of the BMA (NHS Primary Care Division) has given the following advise.

"In terms of inviting patients for appointments via text, the joint [QOF FAQs](#) (2012 - currently being updated) advise as follows:

74. Historically an 'offer of appointment' has been in writing to the patient. Taking in to account the changes in methods of communication and technology, is it acceptable for the invitation to be sent via email or text?

Practices may make use of methods other than written letters to offer patient's appointments. However, this must be with the explicit consent of the patient concerned and their acceptance to be contacted via another media. The invitation must also be specific to individual patient. For example: 'appointment for patient x, at 00.00, on DD/MM/YYYY, at practice Y'

Dr Grant Ingrams of NHS Coventry and Rugby CCG also communicated the following read codes which permission had been given for SMS texting.

- 9NdP Consent given for communicating by SMS text messaging
- 9NdQ Declined consent for shorr message service text messaging
- 9Nj8 Failed encounter - SMS text messaging delivery failure

Influenza and Shingles catch-up Programme FAQs

The GPC has published joint FAQs together with NHS Employers and NHS England, to help answer questions about the childhood influenza programme as well as the shingles catch-up programme. Both FAQs are available on the [vaccinations and immunisations pages](#) of the BMA website.

ADHD Service in North Staffordshire

Dr Dennis Okolo had forwarded a paper which had been circulated to all LMC members prior to the July meeting. The paper was seeking support from the LMC as follows:

"To provide prescriptions for patients diagnosed by specialists at North Staffordshire Combined Health Trust

Currently the uptake of agreed prescriptions by GPs locally is variable thus creating a difference of arrangements depending on where the patient lives.

Patients diagnosed in childhood or adolescence who continue to need these medications in adulthood already continue to receive these medications from their GPs"

After discussion it was considered that GPs should not be prescribing these drugs. It was recognised that some GPs prescribe and that they be reminded that they do not need to do so.

LMC Corporation Tax

On behalf of the LMC Committee, congratulations go to Dr James Parsons, LMC Treasurer for successfully appealing against payment of Corporation Tax.

Dr Parsons recently made an appeal on behalf of the LMC after hearing that other LMCs had successfully appealed.

Dr Parsons wrote to the Inland Revenue stating that our Local Medical Committee is a statutory body in the UK as recognised by the 1911 Insurance Act which gave LMCs statutory recognition. Since then these bodies have statutory functions, so could no longer be considered voluntary.

He explained that GP practices fund the LMC by means of statutory and voluntary levy payments.

After consideration, the Inland Revenue made a decision that we were not liable to pay Corporation Tax and duly refunded the LMC payments made to date of £20,000. The Inland Revenue has confirmed that the LMC is liable to pay bank interest received, however this should be a nominal amount.

Sessional GPs conference: The Journey Forward - Friday 11th October 2013

Working as a sessional GP has its particular challenges and this one-day conference aims to offer expert advice, practical information and guidance to support all sessional GPs in making the most of their careers.

Addressing the issues that matter to sessionals - including pensions, appraisal and revalidation, negotiating skills, as well as making successful career choices - attendees will be able to personalise the programme by selecting from a wide range of breakout groups. The conference will also give attendees the opportunity to network with their peers and discuss shared issues.

For the full programme see [the BMA website](#).

LMC appoints new Lay Secretary

July saw the retirement of our former Lay Secretary, Sylvia Mahoney who had serviced on various incarnations of local LMCs, both full and part-time for more than 35 years.



On behalf of the entire LMC committee and all the GPs in North Staffordshire The LMC Secretary wished Sylvia a well-deserved

retirement.

The LMC welcomes **Miriam Adams** (see photo above) who is now in post as the new Lay Secretary.

Miriam comes from a secretarial background and has worked in both public, private and the voluntary sectors providing both secretarial and administrative support.

DVLA updated guidance for vision assessment

DVLA guidance: Information for the doctor

- Eyesight standards are explained in section D, point 1, Eyesight.
- Only complete the Vision assessment if you are able to fully and accurately complete all the questions. If you are unable to do this you must tell the applicant that they will need to arrange to have this part of the assessment completed by an optician or optometrist. You must be able to measure the applicant's visual acuity to at least 6/7.5 (decimal 0.8) of a Snellen chart (you may need to purchase a new Snellen chart in order to do this). You must also convert any 3 metre readings to the 6 metre equivalent. We will also accept the LogMAR equivalent. You must confirm which measurement scale has been used on the D4 medical examination report.
- You must also be able to confirm the strength of glasses (dioptries) from a prescription. The applicant has been advised that if they wear glasses to meet the required eyesight standard for driving they must bring their current prescription to the assessment. The spectacle prescription for either lens must not be greater than +8 dioptries. The combination of the sphere and cylinder in a plus prescription must be no greater than plus 8 (+8) dioptries.
- If an applicant does not need glasses for driving or if they use contact lenses or if they have a minus (-) dioptre prescription, question 5 of the Vision assessment can be answered "No".
- Please ensure that you confirm the applicant's identity before examination. They have been advised of the need to produce photographic identification.
- You must examine the applicant fully and answer sections 1 - 10 of the medical assessment.
- Make sure you fill in all sections, including consultant details in section 7 of the form, a surgery/practice stamp and your GMC registration number in section 10.
- Please obtain details of the applicant's medical history when you fill in the report. Details of any condition which has not been covered by the report should be given in section 6.
- You may find it helpful to read DVLA's 'At A Glance' booklet. You can download this from the 'medical rules for all drivers' section of www.dft.gov.uk/dvla/medical/medical_professionals.aspx

You can get more help by phoning 01792 782337 (10am to 1pm) and asking to speak to one of our medical advisers. Unless you have the applicant's

consent, we will only be able to discuss the medical standards in general.

Care Data

Further supporting documents on care.data have now been published and are available at the link below:

Click [here](#)

The documents include:

- An updated joint statement between the RCGP, BMA, NHS England and HSCIC
- Updated GP Guidance
- A GP practice toolkit, including a checklist
- Updated GP FAQs
- Updated patient FAQs

Practices have received an email containing links to these resources and guidance, plus a separate communications pack with patient information materials. Practices should display the poster and make leaflets available in the practice without delay as extractions will begin approximately 8 weeks after they receive the materials. FAQ 6 provides some further guidance on what practices should do to raise awareness. The guidance also explains how to manage patient objections to the disclosure of their personal confidential data.

Additional supporting activity to help raise awareness is being planned by NHS England at a regional and national level and we will provide further details of this as soon as possible.

The Health and Social Care Information Centre (HSCIC) are providing a helpline for GPs with queries and can be contacted on 0845 300 6016 or by emailing enquiries@hscic.gov.uk, quoting 'care.data - GP' in the subject line. The helpline can also be used where practices need further guidance in responding to queries from patients that are not answered by the patient FAQs.

Charging for Medical Certificates for Council Tax Forms

Please see link below showing legislation for when a GP cannot charge for a Medical Certificate relating to Council Tax Forms

Regulation 21

Click [here](#)

Benefits and Housing

The job of GPs is to provide medical care to their patients and they are not in a position to administer, nor to police, the benefits system. It is not appropriate for GPs to be asked for letters of support or letters to confirm care needs. GPs are neither contracted nor resourced by the NHS to provide this service and do not have the capacity to do so. Time taken up with paperwork is time taken away from direct patient care.

There are contractual and agreed methods for GPs to provide medical information to the Department for Work and Pensions, Local Authorities and to other agencies. These are sent to the GP practice and GPs respond directly to such requests for information. It is therefore at the GP's discretion whether to respond to a patient's request for a report.

Use of 084 numbers by GP practices

A number of GP practices use telephone systems with non-geographical numbers, such as 084 numbers.

The extra functionality that these systems provided has allowed practices to improve telephone access for patients.

In April 2010, changes to both the GMS and PMS regulations came into force which:

1. clarified that, from 1 April 2010, any practice entering into a new contract for telephone services must ensure that calls to the practice will not cost patients more than calls to an equivalent geographical telephone number, and
2. outlined steps that practices with existing contracts must take before April 2011 to establish whether or not a person calling their practice pays more than the cost of a call to an equivalent geographical telephone number, and the steps that practices must take following that review.

The changes to the GMS and PMS regulations apply in England and Wales, but not in Northern Ireland or Scotland.

This guidance explains the implications of these regulatory changes for practices through the format of a number of questions and answers. Click [here](#) for further information.