

Newsletter



North Staffordshire
LOCAL
MEDICAL
COMMITTEE

Professional advice for General Practice

In this issue

- **Page 1** - Editorial re LMC Twitter account
- **Pages 2** - Update on ESCAs
- **Pages 2** - Subject Access Reports
- **Page 3** - Out of Area Registrations
- **Page 3** - Freedom of Information Requests to practices
- **Page 3** - CQC Duty of Candour
- **Page 4** - Pharmacy Flu Campaign
- **Page 4** - Influenza vaccine supply for the children's part of the national flu vaccination programme September 2015
- **Page 5** - Flu vaccination of patients with a BMI over the 40
- **Page 6** - Use of Apps
- **Page 6** - Phasing out seniority payments
- **Page 6** - Indicators no longer in QOF 2015/16
- **Page 6** - Meningococcal B for infants - FAQs
- **Page 7** - Sessional GP e-newsletter

LMC Twitter account

Eagle eyed local twitterati will have noticed that @NStaffsLMC has launched into the tweetosphere.

What are you on about? You might ask. Quite. Well, we thought we ought to dip our toe into social media and the reason is for the recruitment and retention of general practitioners locally.

The last LMC open meeting was full of a realisation that we really need to do more to encourage new doctors to work here in Stoke-on-Trent and North Staffordshire. That realisation is occurring nationwide. Now everyone is at it. NHS England, Health Education England, the RCGP and the GPC have come up with a woeful attempt to woo new doctors [click here to see video](#) The best they can come up with is a GP signing a skydiving form for a patient. A task that; is not GMS work, clogs our surgery so that ill people cannot attend, medical defence organisations caution against signing and perpetuates the "get a note from your doctor" (GANFYD) culture that is strangling general practice. Not a good start.

So here is hoping we @NStaffsLMC can emulate the Royal Australian College of GPs rather better attempt at showing what a GP does [click here to see Royal Australian College of GPs video](#) though it so clearly should have been a recruitment video rather than the CPD or Fellowship or whatever they are meant to be peddling, but this is just a minor detail.

I had a think of why I hated the former attempt but was moved by the latter attempt. I don't want to spoil your own reflections (and I would encourage you to do so and share them on @NstaffsLMC) but I would share what I think. Essentially, we sit in a chair in front of a PC and listen to dozens of people who share a part of their lives for a brief few minutes and we try to help. You cannot jazz that up. Not jazzy, but it is a cerebral thing that takes practice and is very hard

- **Page 7** - Introduction to new LMC members
- **Page 8** - personal profiles of new LMC members Dr Manish Dhir and Dr Fizah Shaheen

work. To the untrained eye it looks so simple. Of course anyone can sit in a chair and punch a few things in a computer and dish out a letter or a form or a script. And the satisfaction doesn't come quickly. General Practice is a slow burner. To know you have helped might take years or you might not ever know at all, but every now and then you just will know and it is that which makes it worthwhile.

Dr James Parsons
Treasurer, North Staffordshire LMC



Update on ESCAs

The LMC held a meeting on 8th September, which all stakeholders attended bar UHNM. The key unresolved issues were the DMARD LIS and payments and gastro monitoring. The payments are being sorted. The new LIS has now been sent to the LMC, with approximately ½ of practices already signed up, with gastro and other hospitals' patients now level 2. This probably remains an overall LMC amber rating LIS. The other approximately 15 contentious ESCAs are split into mental health and diabetes and are to be reviewed in separate meetings. Gastro is now planning a rheumatology style monitoring service for April 2016. This will need strong evidence of quality before any cessation of level 2. It remains unclear who covers other patients. The LIS remains voluntary. The LMC will update after the conclusion of these meetings with measured guidance.

Subject Access Reports

The General Practitioner Committee of the BMA has been in discussions with the Information Commissioners Office (ICO) about an increasing number of requests from insurance companies to obtain a copy of patient's records through the Subject Access Reports route. The ICO has ruled that it is inappropriate for insurance companies to obtain access to patient data in this way, unless the patient requests this data and decides to pass it on to the insurer. In all other circumstances the insurer would have to request a report (with the patient's consent) from the GP. It is suggested that practices write to patients to clarify whether the patient wishes to have access to their full medical records, or whether they would expect their insurer to obtain a

medical report from the GP.

The BMA link [Subject Access Requests \(SAR\)](#) explains the arrangements in more detail, and provides a template letter for patients (which is comprehensive but for some patients possibly a bit complex) which practices may wish to use when writing to patients.

Out of Area Registrations

LMCs are reminded that the advice of the GPC is that a practice should only register out of area patients after they have sought and obtained assurances from area teams that arrangements for urgent GP services including home visits are in place for individual patients at their place of residence.

Without that assurance practices are strongly advised that they should not currently register any patients under the new regulation.

Further guidance is available on the [BMA website](#)

Freedom of Information (FOI) requests to practices

Some practices have been approached to provide information under the Freedom of Information act. Although anyone can request information from a Public Body (which includes General Practices), these requests are subject to certain rules, and unless the request complies with these rules practices may not have to comply with them. The full guidance on FOIs can be found [here](#).

The CQC Duty of candour came into effect for all GP practices on 1 April 2015

This is covered by Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which sets out all of the Fundamental Standards. It aims to ensure that providers are open and honest with people when something goes wrong with their care and treatment.

When a service is meeting the duty of candour patients should expect:

- A culture within the service that is open and honest at all levels.
- To be told in a timely manner when certain safety incidents have happened.
- To receive a written and truthful account of the incident and an explanation about any enquiries and investigations that the service will make.
- To receive an apology in writing.
- Reasonable support if they were directly affected by the incident.

If the service fails to do any of these things, CQC can take immediate legal action against that provider.

It is recommended that members read the [Myth-buster on the Duty of Candour](#)

Pharmacy Flu Campaign

Reports are reaching us that several pharmacies in Staffordshire (including Boots and Lloyds) have misled patients by telling them that their practice is no longer providing flu vaccinations or is too busy to provide flu vaccinations. This is a serious matter which can affect all GP Practices and we would ask that any practice which receives information about any pharmacy providing misleading information to patients, shares this with the LMC.

Influenza vaccine supply for the children's part of the national flu vaccination programme September 2015

Ordering of Fluenz Tetra® for the children's flu programme in 2015/2016 is expected to commence in England on the dates set out below:

Ordering restrictions

Ordering will open for the 2015/16 season with no restrictions for either schools or GPs in the first instance.

However, the ability to allow free ordering throughout the programme requires customers to adhere to the guidance that has been issued to order/hold no more than 2 weeks stock at any time.

Applying restrictions such as an allocation system, or order cap will be considered by PHE at a later date if stock runs low.

Shelf life of Fluenz Tetra®

Fluenz Tetra® is a live attenuated vaccine and as such has a very short shelf life. Please bear this in mind when ordering. The first batches will have December 2015

Programme delivery method	Indicative date for ordering to start
Schools	Thursday 24th Sep
GPs	Week ending 2nd Oct

expiry dates. You will be able to place an order every week and deliveries will be made weekly alongside your usual deliveries of vaccines. Where possible do not order more than you will need for the next two weeks. This is to minimise vaccine wastage due to the vaccine passing its expiry date before it can be administered. The vaccine will be available to order throughout the entire flu season to ensure there is in date stock available into the New Year. Subsequent deliveries of vaccine will have later expiry dates.

Flu vaccination of patients with a BMI over the 40

The Green Book, CMO Flu letter and JCVI advice suggest that patients with a BMI over 40 receive a Flu vaccination.

Please note that this group has not been included in the NHSE Flu DES offered to practices.

GPC advice is that practices are under no obligation to offer Flu vaccination to this patient group unless they also fall into another risk category.

As always, GP discretion can be applied but an administration fee will not be paid for those not falling within the DES wording.

Use of Apps

All Apps submitted to the [Health Apps Library](#) are checked to make sure that they are relevant to people living in England, comply with data protection laws and with trusted sources of information, such as NHS Choices. Staff members should not recommend any Apps to patients, but they can direct patients to the Health Apps Library.

Phasing Out Seniority Payments

The GPC has issued some new guidance for GPs in England on phasing out seniority payments. This document can be found on the LMC website [here](#)

Indicators no longer in QOF 2015/16

The Indicators No Longer In QOF (INLIQ) Business Rules v32.0 have now been published and are available [here](#)

Meningococcal B for infants – FAQs

NHS Employers have updated their [vaccs and immes FAQ](#) in relation to meningococcal B for infants to explain the eligible age cohort (2 – 13 months), as well as a catch-up cohort up to 2 years for children born on or after 1 May 2015.

The FAQs also explain what practices can do if parents approach them about having children outside of the cohort vaccinated privately:

Q. Can parents or guardians whose children don't fall into the eligible age groups get their child vaccinated against MenB? If so, how?

A. Children can be vaccinated through a private clinic that is able to obtain the vaccine from the manufacturer.

LMC Officers

Chair:

Dr Paul Scott
Tel: 0300 123 1466

Vice Chair:

Dr Lorna Clarson
Tel: 0300 123 5002

Secretary:

Dr Harald Van der Linden
Tel: 01782 746898

Treasurer:

Dr James Parsons
Tel: 01782 534241

Lay Secretary:

Miriam Adams
Tel: 0300 365 0135

Members

Dr J Aw	01782 565000
Dr R Aw	0300 1235002
Dr A Pugsley	01782 627403
Dr P George	0300 1231468
Dr S Fawcett	01782 281806
Dr M Dhir	0300 123 0903
Dr A Green	0300 4042987
Dr C Kanneganti	01782 772242
Dr U Katkar	01782 395101
Dr F Shaheen	01782 626172
Dr B Kulkarni	01782 395101
Dr H Pathak	0300 7900164
Dr P Rao	01782 593344
Dr S Reddy	01782 222930
Dr P P Shah	0300 1231468
Dr K Tattum	01782 544466
Dr P Unyolo	01782 783565

However, parents or guardians should be aware that they will be responsible for the full cost of the vaccine. Under the current contract for general practice, practices are restricted from providing private services to their own NHS patients except in very specific areas, such as travel advice.

In addition to this FAQ, the GPC would like to reiterate the advice that whilst GPs can provide private prescriptions, they are not allowed to charge their own NHS patients and we would therefore recommend that patients (outside the cohort) access a comprehensive private service provided by another practice or service provider, who would then be able to charge an appropriate fee for this private service.

Sessional GP e-newsletter

Here is the [September edition](#) the sessional GP e-newsletter.

GPC Newsletter

Here is the latest [GPC newsletter - issue 2](#) GPDF Funding Success

The LMC has been successful in applying for funding from the GPDF to help practices engage with our new GP federation. The LMC will be planning with North Staffordshire GP federation how to put the £5000 reward to best use for this purpose.

New LMC committee members

The LMC is pleased to announce that Dr Manish Dhir and Dr Fizah Shaheen have recently joined the committee as co-opted members to represent salaried and locum GPs. Their profiles can be seen on the next two pages.

Personal Profile - Dr Fizah Shaheen



Name:	Dr Fizah Shaheen
Place of Birth:	Stoke-on-Trent
Medical School:	Newcastle University Medical School
Year of qualification:	2009
Area of GP Training:	North Staffordshire VTS
Current Place of Work:	The Village Surgery, Wolstanton
Partner/Salaried/Locum:	Salaried and Locum GP
Full time/part time:	Full time
Committee member since:	September 2015
Current role on committee	Co-optd member - sessional GP representative.
Medical-political interest or priorities:	<ul style="list-style-type: none"> • Improve the recruitment an retention of GPs to the area • represent sessional GP workforce issues • medical education • collaborative working to understand and resolve working across the primary/secondary care interface
If I could change anything for GPs it would be.....	To help improve personal resilience amongst GP's locally to ensure a safe and sustainable General Practice currently and for the future.

Personal Profile - Dr Manish Dhir



Name:	Dr Manish Dhir
Place of Birth:	Meerut, Uttar Pradesh, India
Medical School:	Kasturba Medical College, Manipal, India
Year of qualification:	2002
Area of GP Training:	Stoke-on-Trent
Current Place of Work:	Dr Borse & Partners, Meir
Partner/Salaried/Locum:	Salaried
Full time/part time:	Part time
Committee member since:	September 2015
Current role on committee	To represent salaried/locum GPs.
Medical-political interest or priorities:	Increasing awareness of and working towards increasing the GP workforce.
If I could change anything for GPs it would be.....	To reduce the unpaid workload in GP surgeries.