

North Staffs LMC Newsletter

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STP Team melting away

As quickly as they were parachuted in from the centre, the STP consultants are preparing their tactical withdrawal. The latest spin is that the STP does not exist all but is merely a construct of the various providers and commissioners on the patch. The rebranding trick is that it is not a plan but a “partnership”. We are being left alone to implement the cuts.

If we take the rebrand at face value, I like to think the word “partnership” conjures up a notion of there being equal partners in the relationship. To distil the sustainability and transformation plan down to one single phrase I would use the term “left shift”. A term the STP consultants use very freely. It means “GP to do more” whichever way you cut it: whether it means that we see more patients personally, or see the more complex patients, or supervise a more extended team or responsible for a wider budget. This idea does not place general practice on an equal footing with the other partners. One STP consultant’s view of left shift is A&E seeing up to 40% fewer patients and GP seeing up to 28% fewer patients [so GP could see

the 40% A&E patients]. Yet they still do not have an answer for how we stop a university graduate coming to the GP for a sore throat of less than one day duration.

Given the above, it is pertinent to note that the LMC conference passed the following motion to condemn the STP: This motion was passed in all parts.

Proposed by Mid Mersey LMC: ‘That conference believes that the Sustainability and Transformation Plans are fundamentally flawed, and:

(i) believes that they are undemocratically appointed quangos that do not represent the public or profession;

(ii) condemns them as an attempt to dismantle the NHS;

(iii) asserts that they will only increase the postcode lottery;

(iv) believes that they will stimulate further division between organisations despite intending to promote integration

(v) the only possible outcomes are cuts in services and/or increases in waiting times.'

Dr James Parsons
LMC Treasurer



Productive General Practice (PGP) Quickstart Programme

This is a quality improvement programme delivered over 12 weeks funded by NHS England. There are 4 group sessions and 6 individually facilitated sessions in each participating practice.

We have a cohort of 10 Practices from across our two CCG's who have started this programme on 23/5/17. As we have negotiated a break for the main summer holiday they will finish the programme on 28/9/17.

Good practice, new ideas and benefits gained from this programme will be shared with all Practices as the programme progresses.

There are a further 10 Practices who indicated that they also wish to join the programme and we hope to have a second cohort starting later in the year if funding can be secured from NHSE.

Financial Support for doctors and their families

The main medical charities have got together to produce a new website portal that will help doctors in difficulties to find the most suitable charity to apply to. BMA Charities has worked with the Cameron Fund, the RMBF, the Royal Medical Foundation, and the Society for the Assistance of Medical Families (formerly Widows & Orphans) and the portal has now gone live.

Doctors, or their dependents, and medical students, can answer a very short questionnaire to find the best charity to help them. They can then link to that charity for more information about eligibility and application. And there is also information about other organisations that can offer help.

Telephone consultations when patients are on holiday abroad

The LMC was contacted by a practice who had a request from a patient for a telephone consultation whilst they were on holiday abroad. The practice checked their position with MDU and were informed that in accordance with MDU's terms and conditions, both the GP and the patient must be in the UK at the time of the consultation, otherwise the MDU indemnity is null and void.

Clarification on review of DNACPR forms

It is very important that everyone understands that if a DNACPR decision has been appropriately made and recorded in the patients GP or hospital record it stands until it is actively rescinded. The presence or absence of a form in the patient's home, the type of form used or whether a review date has passed do not alter this and this is something that is commonly misunderstood. The review date is a suggested date to review the **decision** (rather than the patient) and this is another common cause of misunderstanding. Unless there has been a significant change to the patient's situation the decision will almost always still be appropriate. If a planned review date has been exceeded for any reason the DNACPR should be assumed to remain until a review takes place. The GP will need to be able to see the patient's medical record, hospital letters etc when reviewing the decision and therefore in most instances it is most appropriate for the GP to review the decision at the surgery rather than in the patient's home. If discussion with the patient or relative is desired or necessary then this can be done by telephone if they are not able to come to surgery. There is no requirement for a GP to update or replace any existing DNACPR form when reviewing the decision as long as the review and outcome are documented in the patient's GP record."

Legislative change re DOLS

Many of us are asked to do reports for coroner for patients who die and on DOLS. There is a legislative change on this from Monday 3rd April 2017. Please see below from GPC about this-

Patients who die while subject to an authorisation under the Deprivation of Liberty Safeguards (DoLS) no longer require automatic referral to the coroners. From the 3rd of April 2017, it will no longer be necessary to refer all patients who die while subject to an authorisation under the Deprivation of Liberty Safeguards (DoLS) to the coroner.

Before that date, patients who died subject to DOLS were regarded as dying while in state detention, triggering an automatic requirement for an inquest. From Monday the 3rd of April the Coroners and Justice Act 2009 will be amended so that coroners will no longer be under a duty to investigate a death solely because the individual was subject to the DOLS at the time. These deaths will only require reporting to the coroner if the cause of death was unknown, or where the cause of death was violent or unnatural.

All deaths while subject to a DOLS authorisation that occur prior to the 3rd of April will still need to be reported to the Coroner.

DWP Payments

The BMA has been advised that the Department for Work and Pensions is updating its system for

payroll, finance, HR and making payments. The current system is being replaced by a new Single Operating Platform (SOP) system on 30 May 2017. All forms submitted by practices for payment (including the DS1500 and DBD36 forms) before 5.30pm on Friday 5 May 2017 will be processed and paid in the usual way. Fee forms from practices which are submitted after 5.30pm on Friday 5 May will be stockpiled. The new system will be introduced on Tuesday 30 May 2017 and all stockpiled forms will be processed for payment following this date. The BMA are awaiting confirmation of how forms will be prioritised for payment once the new system is in place.

Practices do not need to do anything differently from the normal process. Forms should continue to be submitted as normal, including throughout the down period of 5-30 May. It has also been confirmed that there will be no delay for patients in getting benefits they are entitled to during this transition. PIP GPFs are not affected and will be paid as normal.

Digital DS1500 Service

The Digital DS1500 Service allows healthcare professionals in England to access and complete a DS1500 submission online. The form then arrives in DWP in real time, thereby reducing waiting time for the patient. This service is available from the NHS Portal on your internal NHS network desktop from May 2017 – <https://portal.national.ncrs.nhs.uk>

You will need a NHS smartcard to access the service. Once you have accessed the NHS Portal, click on 'Launch Digital DS1500 Service' and complete the DS1500 submission online.

Ref: <https://www.gov.uk/government/publications/dwp-factual-medical-reports-guidance-for-healthcare-professionals#history>

Important pension news for salaried and locum GPs

Dr Aggawal of the GPC sessional subcommittee executive provides a very interesting update on the progress of pension issues that have troubled many. To read the article click [here](#).

Good news for trainees completing training

Performers list delays had threatened to prevent newly qualified GP from working following completion of the registrar post. Thankfully it has been clarified this is not the case. All trainees are already on the performers list so once you have provided the relevant information to NHSE exactly as per the following [link](#) of your CCT, you may work no matter what delay Capita may be working to.

Primary Care Training and Development Budget

The LMC is aware that last financial year 2016-17 the combined Northern Staffordshire CCGs underspent the primary care training and development budget by £94K, which was then used to offset secondary care deficits. This was effectively lost by the January. This is in a background of overall record low % NHS spend levels on primary care. The CCGs have not allowed the Federation to take a facilitatory lead on this and therefore the LMC strongly recommends that localities check the CCG criteria and formulate constructive and timely spending plans for the benefit of all their staff. Please consider this as a priority.

BBC3 Pilot

Are you a GP with the wittiest bedside manner? Or do you know a GP who has you in stitches?

The BBC are searching the UK for GPs who take their job seriously, and their witty personality is perfect for a new TV/online pilot. If you're a GP or know the perfect doctor, GET IN TOUCH.

Contact the team:
gideon.berends@kalelproduction.com 0203 761 4699

Closing date is Friday 26th May 2017

Medical Evidence for Blue Badge applications

Colleagues may be approached by their patients requesting medical evidence to support their blue badge applications. There is however no need for patients to provide medical evidence, other than in exceptional circumstances. Please see [letter from Stoke City Council](#) for details.

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