

North Staffs LMC Newsletter

February/March 2017 – issue 32



Editorial

The following items are an update from the LMC Chair, Dr Paul Scott on current LMC activity.

BMA local engagement trial

The BMA have appointed a local engagement trial with Amanda Boyd, who will present to the LMC on 2nd March. Following this we will update practices on member how this can be developed.

Extended hours and opening times

The new contract wants no closed afternoons - this means taking the phones back and covering your own patients for all 5 days in order to be allowed to do extended hours. We are in the 25% of the country where one afternoon of closing has been traditional. Individual practices will make their own decisions as this is surprisingly evenly balanced, when all costs are factored. However, the LMC has had local assurance that 8-8:30am and 6-6:30pm coverage are not issues for NHS England and would not preclude extended hours. Also, the full 5 day opening requirement only applies to main surgeries and not

branch surgeries, which would be otherwise jeopardised.

Levies

The LMC will be proposing a technical change between the voluntary and statutory levies but this will be cost-neutral to practices.

PIP support letter requests

These have vastly increased in numbers and are non-core. Several practices have adopted a policy of providing only brief summaries, some for the £10 data access fee, in order to cope with the demand in an effective and efficient manner. Individual reports are unsustainable for colleagues and often unaffordable by patients.

CHP/NHSPS

CHP/NHSPS lease and subsidy negotiations are still continuing with NHS England with some central conflicting advice. There is a substantial subsidy offer, but the quality of invoices remains a key issue. We continue to pursue this issue to reach a satisfactory and sustainable solution.

Contract Update Meeting on Thursday 30th March



The LMC with the Federation have arranged this meeting to be held on Thursday 30th March at the Bet 365 Stadium at 5pm onwards, with guest speaker Dr Chand Nagpaul, GPC Chair. Please consider attending. The link to Eventbrite is below.

<https://www.eventbrite.co.uk/e/new-gp-contract-challenges-opportunities-tickets-32097194573>

Locality Hubs/MCP

Locality hubs and an overarching MCP continue to be developed. These have considerable potential. However the LMC continues to strive for a Northern Staffordshire true footprint (including financial boundaries), for proportionate investment for transfers of workload (this will be critical) and for a general practice (and not A+E or secondary care) orientation for support. Some areas have had genuine in-hours overflow hubs for general practice, not for OOH/111/A+E alternatives.

PLIS

The PLIS has been simplified and continued with an antibiotic focus.

Academic Practice

The LMC supports Keele's plans to establish a new academic practice attached to a current practice. This will go out to tender in the next few months.

In addition to the above, the LMC is:

- Seeking for CCG learning and development and QIF monies to be invested in their totality in general practice and not recurrently underspent and used to offset secondary care deficits, as has recently occurred.
- Negotiating an appropriate uplift in all collaborative fees (update to follow).
- Working with partner organisations to facilitate Workflow redirection and care navigation training

- Continues to support the Federation addressing workforce issues, which are our current biggest challenge.
- Continuing to negotiate on the follow up of dementia patients
- Negotiating same referral rights to portals for ANPs as for GPs

Dr Paul Scott, LMC Chair



Firearms Licensing

You will be aware that firearms licensing has been an issue of serious concern both locally and nationally so north Staffordshire LMC very much welcomes the new [advice from the GPC](#). It caters for all views and repositions the responsibility for payment of a fee away from the police and to the applicant which is a win for tax payers.

No need to fill in forms

There still is a lack of clarity amongst colleagues whether they have an obligation to write medication instructions on community nursing charts or MAR charts in residential or nursing homes. In 2015 the Clinical and Prescribing Subcommittee of the GPC produced [guidance](#) on this. and the key paragraphs are...

The Human Medicines Regulations 2012 do not permit nurses, or other registered health care professionals (HCPs), who are not qualified prescribers to administer or supply prescription only medicines (POMs) unless one of three types of instruction is in place:

1. A signed prescription
2. A signed Patient Specific Direction (PSD)
3. A Patient Group Direction (PGD)

So can non-prescribing nurses administer POMs without a PGD in place?

Yes, a PGD is just one of three methods of permitting administration. The other two, prescriptions or PSDs, are still available. Some employers of Community Nurses ask GPs to fill in administration charts before allowing a nurse to give a drug, although this must be viewed as discretionary as it is not a legal requirement if a prescription providing detailed instructions has been provided.

Providing a prescription therefore makes it legal for anyone to administer the medication, and providing a prescription fulfils a GP's terms of service. If an employer of a nurse wants, for their own governance procedures, a separate administration chart then it is up to them to provide it. They could either do this by themselves by transcribing from the prescription, or by asking the GP to do it, in which case the GP would be entitled to ask for a fee, as they would be providing a

service to the employer of the nurse.

A further issue is that where a red-list drug is used I would strongly advise that the prescriber and not the GP completes the administration chart.

Updated guidance on access to medical reports for insurance purposes

Please note recently updated [guidance for practices](#). This includes guidance on electronic requests for medical reports:

Tamiflu

Colleagues are reminded that public health requests for tamiflu prescribing for contacts of those infected, such as in residential and nursing homes, is non-core and that they should refer public health nurses directly to the on-call director for NHS England to pre-clarify an offer of funding. (Treatment of infected individuals is core). GPs can then decide whether this is reasonable or not. This issue has still not been resolved at local or national level.

ECG before Memory Clinic referral

The treatment room LIS stipulates that where the clinical need for an ECG has been identified the GP will facilitate this, but of course this does not mean that this needs to be done in-house. You may argue that an ECG is not essential for a patient's memory to be assessed, but if you are signed up to the LIS it

would probably be reasonable to arrange the ECG as this is no doubt one of the reasons why the LIS is offered to practices.

GP (registrar) recruitment

The lack of recruitment and retention of GPs is of great concern. Our local training scheme is under-subscribed and it is expected that only 8 registrars will complete their training next year. The LMC has received some funding to help facilitate recruitment of GPs and GP registrars from abroad.

One GP who trained and worked in Holland, and who visited our area at the invitation of the LMC is in the process of completing her requirements to be able to join the performers list. We are hopeful that she will be joining us as a GP colleague in North Staffordshire in early summer.

In the meantime we are exploring interest from Dutch medical graduates who are looking to join the GP training scheme, to see whether we can tempt them to take up our GP registrar scheme in North Staffordshire. The LMC would like to hear from GP colleagues who have roots and links in other countries, who think they may be able to assist in recruitment of GPs or GP registrars from abroad.

National LMC conference - call for motions

The LMC will soon be submitting it's motions for the national conference in May. These

motions, ideally reflecting concerns from GP practices and grassroots GPs, will (when accepted) help determine national GPC policy and potentially shape the future for General Practice.

Releasing Capacity Update

Workflow Redirection

The second phase of training for the workflow redirection process is underway as we go to print. By 10/3/17 we will have trained 55 staff from 45 Practices across our two CCG's. At the moment we have no more training planned in, but if Practices who have not yet had the training would now like to take up this opportunity they should contact Anne Sherratt, practiceliason@northstaffslmc.co.uk

Care Navigation/Active Signposting

The event on 9/3/17 at Port Vale FC has 240 practice staff booked onto it. This event will provide them with the basic information and understanding about the role of the care navigator within general practice. As an outcome from this event we will be looking for expressions of interest from Practices to implement this process. Practice staff will be provided with training and West Wakefield Health & Wellbeing will be providing us with additional support.

GP Development Workshops

We are still working on setting these workshops up due to the withdrawal of the original training provider. We hope to have news about these very soon.

If any practice or GP wishes the LMC to raise an issue on their behalf would they please email this asap (before Tuesday 7/3) to

The LMC officers will then help shape this into a suitable conference motion.

ESCAs – update

You may have read in Tales of the Script last week that the gastroenterology department is finally planning to brush up its act when it comes to monitoring patients on immunosuppressants. Although long overdue this is welcome news, as it should help improve safe prescribing. However, it still does not address the paltry payment that practices are offered to prescribe for patients, oversee the monitoring and take the risk of being responsible if anything goes wrong (remember - this is not part of the GMS core contract).

If your practice has not yet stopped signing up to ESCAs, please consider whether you really wish to sign up to any new ESCAs in the future. A number of practices have already both stopped signing up to new ESCAs and have actively repatriated the prescribing of immunosuppressants to secondary care for patients previously accepted under an ESCA.

Second PC monitor

NHSE have informed us that a second PC monitor will be made available for use in practices who have adopted "Redirecting Workflow", and for those who

will be adopting "Care Navigation" (otherwise known as "Active Signposting"). Details on how many monitors will be available and when they are due to be issued to practices are awaited.

New Wage Rates

From 1st April 2017, the **National Living Wage** (NLW) for workers aged 25 and over will increase from £7.20 to £7.50 per hour.

This NLW increase is the first since its introduction in April 2016, keeping it on track to reach the target of £9 an hour by 2020.

Meanwhile, the **National Minimum Wage** (NMW) will increase from 1st April to:

- Aged 21-24: **£7.05 per hour**
- 18-20: **£5.60 per hour**
- Over compulsory school age but not yet 18: **£4.05 per hour**
- On the apprentice rate (where the apprentice is under 19 or over 19 but in the first year of their apprenticeship): **£3.50 per hour**

The NMW increases will be a surprise to some employers as they come so soon after the last wage increases in October 2016.

Alignment

In last year's Autumn Statement, the government announced that they would align both NMW and NLW rate changes to reduce the administrative and financial burden on employers.

As a result, April's slight increase to NMW is to set it at the right level for the next twelve months.

After that, the government will review and increase both NMW and NLW every April.

GPC Newsletter

Here is the latest [GPC Newsletter](#) and the [Sessional GP newsletter](#)

Personal Profile

Dr Suresh Upputuri



Name	Dr Suresh Upputuri
Place of Birth	Ongole, A.P, India
Medical School	BLDE Medical College, Bijapur, India
Year of Qualification	2001
GP Training	Coventry & Warwick GP VTS
Current Place of work	Birches Head Medical Centre
Partner/Salaried/Locum Partner	Partner
Full time/part time	Part time
Committee member since	April 2015
Current role on committee	LMC Executive Officer from January 2017
Medical-political interest or priorities	I firmly believe in more resources invested in primary care. Restore the public confidence in their GPs and improve morale of work force which has been plummeting recently due to added work pressures.
If I could change anything for GPs it would be.....	Reduce the workload being pushed into the community from other services and increase the resources to help practices

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