N E W S L E T T E R

North Staffordshire
LOCAL MEDICAL COMMITTEE

Professional Advice for General Practice

May 2014 - Issue 2

H E A D L I N E N E W S

Editorial

Dear colleagues,

Both Harald and I are attending the National LMC Conference on 22nd and 23rd May in York. We have seen the agenda and this year it seems to be much more strategically focused on the key crisis issues of workforce, investment, premises and access. It is noteworthy that Dr Maureen Baker for the RCGP is now repeatedly stating the same message and Labour are jumping on the save General Practice bandwagon. It was very disappointing to hear the DoH delaying the implementation of 50% of new doctors entering GP training by another year to 2016. This will only exacerbate the lack of new GPs and our overall workload.

We continue to negotiate on LISs and LESs including DMARDs and sexual health. Issues are also being raised with regards to residential EMI home cover as they remain core patients, yet homes are demanding non-core visiting. We are exploring potential general tariff rates and future primary care investment, but this is difficult when there is such a lack of GPs and practice nurses, even if we had the investment.

The LMC hopes North Staffs will continue to cope and recruit and that when primary care cover tears apart somewhere in England, the government will finally listen and genuinely help redesign and invest in our futures.

Regards,

Dr Paul Scott

Chair North Staffs LMC

Outcomes from LMC Meetings

The following are outcomes from the May LMC Meeting.

DMARD LIS

Prescribing and monitoring of DMARDs is not part of core General Practice. It has work-load implications and carries clinical risks. Although it is recognised that treatment with these drugs should be initiated in secondary care (typically by a Rheumatologist, but increasingly also by Gastro-enterologists and Dermatologist), GPs are often asked to take over prescribing supported through a shared care agreement. It is then for the GP to decide whether he/she wishes to take on this work. So far this work has been unfunded (that is to say secondary care receives the funding and GPs do the work), but the LMC has asked the CCGs to draw up a LIS which would formally acknowledge the transfer of care with associated funding where practices agree to do so. Proposals for a LIS are in development and further details are expected in the coming months.

GPC Newsletter

GPC Newsletter edition 15 - 15th May 2014

IUS for menorrhagia

Following transfer of the Public Health contracts for contraceptive services to Stoke City Council and North Staffs County Council, payment for **fitting of IUS for menorrhagia** is expected to be funded via a contract with your CCG. Confirmation of this is expected soon.

Setting Private Fees

The BMA provides practices with guidance on setting their private fees, tailored to their needs. A ready reckoner can be found on their website.

Unplanned admissions enhanced service guidance

Below is some guidance published by the BMA regarding the Unplanned Admissions Enhanced Service

Included in the guidance is a step by step guide to the enhanced service, practical examples about how practices can meet the requirements and templates to help with the reporting elements of the enhanced service. The guidance is currently available as links to PDFs, but will also shortly be available as web content on the site too.

Supporting Local General Practice - GPC backed campaign

Following Chaand Nagpaul's (Chair GPC GPC) announcement of the above GP campaign, I would like to thank those GPs who shared their personal perspectives and experiences with the LMC, which we forwarded to the GPC. I'm hopeful that this campaign will offer the opportunity for GPs and practices to portray themselves in a more positive light than the government and media generally tend to do. The NHS in general and General Practice in particular remain a daily news item, with the national realisation finally filtering through that current funding cannot support the expectations put upon General Practice. Labour has announced they would spend £100m to ensure urgent access to GPs, but as the Chair of the RCGPs announced last week, at least £3 billion would be needed to get us back to primary care spending levels comparable to 2008.

I would encourage all practices to look out for further announcements from the GPC with regards to the campaign "Your GP cares", and use the materials available. The LMC will welcome any further suggestions from local practices with regards to bolstering the image of GPs in North Staffordshire.

Translation Services for Patient Consultations

For practices requiring translation services for their patients, the LMC can confirm that these continue to be funded by the Area Team.

Personally dispensed items and reimbursement by the PPA

Our Vice Chair, Dr Jack Aw has been in contact with the PPA to obtain some clarification regarding personally dispenses items. The following views expressed are Dr Aw's views as a GP contractor, and not on behalf of the LMC.

All practice managers/management should have an excel spreadsheet which calculates the reimbursement of personally administered items. The rules are different for GMS, PMS, and dispensing practices. Dispensing practices - are often VAT registered and act as seller and buyer in the same transaction so have some commercial advantage. PMS practices are broadly the same as GMS but do not get some of the personally administered fees - this is agreed at national level.

In terms of GMS:

Cost:

Drug item (X) - vat is included if purchased through an invoice, but if the item is ordered on a named patient basis, the drug is ZERO rated of vat.

pharmacy mark up (Y)

delivery (D)

VAT (+20%)

Reimbursement:

Drug tariff cost (T) - this is nationally set.

discount (Z) - is applied as the NHS assumes that as practices purchase more and more, somehow, they can get bulk discount on orders, (although this may not be the case). The details of this discount are on the excel spreadsheet.

Personal Administration Fee (P) - this is fixed at £2.297 for 2012/13 rates.

VAT reimbursement - this is 20% of the discounted drug rate

Calculations of costs/benefit is straight forward based on the above.

(X+Y+D)*1.2 = costs

(T*Z)*1.2+P = reimbursement.

Of course, there is the cost of the consultation, nurse times, admin etc. which is offset by the payment for the service enhanced service or the claim.

In conclusion, I would suggest a highly critical review of personally administered services in this time of austerity and sustained pressure on primary care. GPs should look critically at the funding of their work and should be looking to at least break even bearing in mind not just material costs but also the whole cost of the service. Furthermore, I would urge grassroots GPs to lobby commissioners and NHS England to commission services from General Practice in a sustainable and holistic manner.

Personal Profile
New LMC member, Dr Priya George

A dedicated and compassionate GP specialising in Women's health, diabetes and Palliative Care. Able to demonstrate strong clinical expertise in GP field. Committed to improving standards of medical practice by teaching, training, research and studies. Having successfully being selected as a member to the LMC, together with colleagues at the LMC, representing the views of all GPs, work together towards the progression of primary care.

Name:	Dr Priya George
Place of Birth:	Kerala, India
Medical School:	Gandhi Medical College, Bhopal, India
Year of qualification:	1998
GP Training:	2001 - AE, Romford 2002-2004 - Medical Rotation in Burnley, Lancs 2005-2007 - Hull VTS programme (obstetrics and gynaecology and paediatrics) 2007-2009 - Salaried GP, Hull 2009-present - Salaried GP and Partner in Staffordshire
Current Place of Work:	Dr Shah's Surgery, Hanford Health Centre, Hanford
Partner/Salaried/Locum:	Partner
Full time/part time:	Full time
Committee member since:	May 2014
Current role on committee	New member
Medical-political interest or priorities:	I am passionate about General practice and believe that we have a valuable role to play in providing care to the patients. I believe firmly that more resources should be invested in primary care and I will seek to ensure that appropriate funding is channeled to GP practices. I bring valuable clinical experience specifically in Women's health, Palliative care and Diabetes which the committee can draw upon. Training and mentoring of future doctors is paramount in general practice. Taking into consideration the current workload pressures in general practice, it can be challenging for practices to be involved in teaching. I would encourage the LMC to provide adequate support to the practices for undertaking this work.
If I could change anything for GPs it would be…..	To restore the public confidence in their GPs. GP morale has been plummeting down recently due to added work pressures and requires a positive boost. This can be better achieved by increasing resources in primary care and removing the "blame culture" that is prevalent at the moment in the media. I also believe that primary and secondary care should work in cohesion with each other to enable more efficient and better care to the patients. I feel strongly about dignity at work and hope that we are all able to work in a pleasant environment, where excellence in clinical care can flourish.

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