November 2015 - Issue 20

Newsletter

North Staffordshire LOCAL MEDICAL COMMITTEE

Professional advice for General Practice

In this issue .....

NHS Survival

We live in very challenging times for general practice and the NHS. I wish our junior doctors continued strong resolve and hope the DoH genuinely agrees to mediated talks without pre-conditions.

I attended a key Primary Care Sustainability meeting with NHS England and CCG representatives on 18th November with Dr Chandra Kanneganti (representing the LMC, federation and having Stoke specific knowledge). All 84 Stoke and North Staffs practices were reviewed from a service risk perspective. Cross-referenced risks focused on workforce (varied recruitment), CHP/LIFT and other premises threats, succession and GP age, CQC outcomes, practice nurses, practice managers, pharmacist recruitment, partner disputes and internal financial difficulties. Risks were also considered in clusters, with potential domino effects. All of this was done from a view to support and mitigate pressures on colleagues and practices in any way possible. None of these issues will surprise you.

Wider options were discussed such as hub and spoke arrangements, if a cluster of practices collapses. Normal recruitment options and additional options were considered. There was also the beginnings of discussion of the repatriation of work back to secondary care. There remains the offer of NHS England to subsidise and facilitate practice mergers.

15 practices were deemed to be at serious risk and 29 others at mild or medium risk (from our collective knowledge). Many of these are very aware of their situations and are already doing all they can to sustain patient care. I am not giving these numbers to sensationalise the issue, but to demonstrate the collective system wide extent of the crisis, which is way beyond any individual practice. The LMC would recommend constructive practice engagement with

NHS England and the CCG at an early stage, so that they can also consider the best forms of support for individual practices. Some will now be receiving offers of supportive visits.

North Staffs LMC, with the Regional West Midlands LMCs and on the national list-server, has pressed the GPC to step up its recognition and response to the GP workforce crisis and to hold a Special Conference to debate our best choices to safeguard patient care and general practice in the near future. This was voted for by the GPC on 19th November, is the first for many years and has now been announced for the New Year. My presentation was posted on the list-server and has received nationwide support, including from Dr Chand Nagpaul. The depth of the developing crisis presents its own arguments for a more radical and wide-ranging GPC response, which I am now confident will be properly considered and all options debated including new crisis solutions.

The LMC in December will consider its input and also consult with yourselves our best ways forward.

Underpinning this, communication remains everything, especially with our own patients and we have received a very useful document from Coventry LMC, our local version of this document can be found below.

General Practice in crisis: a statement from North Staffs LMC

This clearly explain the crisis and its impact on our patients, our practices and ourselves.

I hope you all manage to have some Christmas and New Year respite.

Seasonal best wishes,

Dr Paul Scott

Chair North Staffs LMC

GP Figures

The latest GP figures for North Staffordshire show that GPs in our area increasingly prefer to work as salaried GPs and locums, with the number of GP partners taking a hit. The latest figures in North Staffordshire are as follow:

GP Partners	173 (57%)
Sessional GPs	92 (31%)
Locums	36 (12%

In comparison, in South Staffordshire the share of posts taken up by GP partners is even smaller (48%), with (21%) sessional GPs and (31%) locums.

Christmas and New Year 2015

The LMC has not as yet had any discussions with the NHSE Area Team, but we know that NHS England have issued the following to regional teams:

Template Letter for GP Practices Regarding Christmas and New Year 2015

FAO: Heads of Primary Care

Please find via the following link a standard letter regarding NHS England's expectations of general practice availability over the Xmas and New Year period. (Note that the letter is at the bottom of the page when you click on the link)

It is designed for area teams to adapt locally and sign before forwarding to GP Practices in levels 1 and 2 co-commissioning CCGs. This includes Stoke and North Staffs CCG.

The GPC guidance from previous years is still available here and should be read in conjunction with the NHS England letter.

The CQC has also issued a mythbuster on opening hours that is worth reading:

We do not anticipate this situation to be any different

from previous years, but please contact the LMC if you encounter any problems.

Intelligent General Practice Reporting Tool (iGPR)

The GPC's IT Subcommittee has received a number of queries from LMCs about the iGPR tool, which allows practices to respond to requests for patient health information electronically. The tool has been produced by Niche Health and is available to EMIS, INPS Vision and TPP SystemOne practices.

The iGPR provides an electronic process for practices to provide patient information to requesting third parties, such as insurers and solicitors. Requests can include Subject Access Requests (SARs) and GP Reports (GPRs). There are other systems that provide similar functionality.

LMCs have sought advice for practices on the use of this tool. The Joint GPC/RCGP IT is unable to 'approve' or 'endorse' third party software products, however they are able to provide the following generic advice.

Firstly, with regard to any SAR from an insurer, practices should read the BMA Guidance on how to manage SARs for insurance purposes. The guidance was issued following a review by the Information Commissioner's Office and advises practices to contact the patient where a SAR from an insurance company is received, rather than sending the full medical record direct to the insurer. A template letter is included in the guidance, which asks the patient to choose between receiving the medical record themselves (so they can decide whether to send this onto the insurance company), or to ask their insurer to seek a GP Report from the practice.

It should also be noted that when a SAR is produced, the Data Protection Act (DPA) requires certain types of data to be redacted. Any additional redaction offered by any reporting tool over and above the legally required redaction would, in the JGPITC's view, mean that the resulting report no longer constitutes a SAR.

Where practices wish to use these tools for purposes other than an insurance company SAR, this is a matter

for individual practices to decide.

Separately, practices have asked for advice on electronic patient consent, and the legal position is that electronic patient consent is acceptable. However, where there is any doubt that the patient has consented to the report, practices should check with the patient.

Please note there is no requirement for practices to use these reporting tools, and it is for practices to decide whether they receive requests through them (rejecting these requests should prompt the third party to request the information by alternative means) or whether to deactivate the tool.

Junior Doctors strike action

As a result of the junior doctors ballot 3 strike days have been set in December. To find out how this may affect your practice please click here. GPC guidance can also be found here. I would encourage you to watch this excellent video and sign the petition in support of junior doctors.

GP CQC Registrations

NHS England have been made aware of a CQC inspection report of a GP practice, showing that the practice in question had registered its main surgery and branch surgery separately with the CQC rather than registering the main surgery with additional premises. Quite apart from the practice having two CQC inspections, they had also been paying two registration fees when one would have sufficed. The CQC have informed NHS England that registering branch surgeries separately is a common misunderstanding for GPs and many have multiple registrations.

Practices can amend their registration and information on how to do this can be found in the below links.

Making changes to your CQC registration

Remove a location

Name Change

An LMC in another region has been asked for advice regarding guidance for patients wishing to change their name and what evidence is required. There is no requirement for any evidence in the GP contract regulations. If a person wishes to change their name then they should be registered in good faith under their name of choice.

Citizens Advice offer guidance on changing your name The advice begins: “If you wish to be known by a different name you can change your name at any time, provided you do not intend to deceive or defraud another person. There is no legal procedure to follow in order to change a name. You simply start using the new name. You can change your forename or surname, add names or rearrange your existing names."

Qualitative research with GPs to explore their views of joining and leaving the profession

As part of the GP Workforce 10 Point Plan a partnership between NHS England, Health Education England, the BMA GP Committee (GPC) and the Royal College of GPs to increase workforce numbers and reduce GP workload burden, Ipsos MORI is conducting some independent qualitative research with GPs to explore their views of joining and leaving the profession.

They are especially interested to hear from GPs who identify with the following characteristics:

- with a health condition which, at times, makes them question how easy it is for them to continue working as a GP;
- currently care for another adult or think they might need to care for another adult in the future, which may challenge their ability to stay in the profession;
- returned to practice in England following a period of not working as a GP or as a GP in England; or
- that trained in England but are now working as a GP outside the UK.

If any GPs would like to know more about taking part in the research, and to find out if they are eligible, they can

contact Ipsos MORI via ResearchGP@ipsos.com

Charge for duplicate Fit Notes

Practices are reminded that they cannot charge patients for a duplicate fit note if the note has been lost. The Med3 form must be clearly marked as a duplicate.

Patient Registration

The GPC has published updated guidance on patient registration, which is available on the BMA website

Supporting children at school with medical conditions

he Department for Education sets out the responsibilities of schools in dealing with the health of pupils. The relevant document can be found here The DfE document: Supporting Pupils at School with medical conditions.

I would like to highlight 2 frequent misconceptions. Firstly, where a health care plan is required (paragraph 15) for a pupil the school may wish to obtain a report from the GP. Of course it is good practice to cooperate with this request, but contrary to popular belief the GP does not have to do this free of charge. Secondly, parents increasingly request prescriptions for over the counter medicines such as paracetamol as the school insists they will only be able to administer it if it has been prescribed by the GP. Paragraph 35 of the document shows that this is not true. The only requirement for the school to be able to administer OTC medicines is for the parents to have provided written consent.

Transfer of Records

Practices are reminded that notes need to be returned in a timely way once they are requested.

Given that PCS are understaffed, as a safety measure practices should be actively monitoring notes transfers and chasing them up if delays occur. We cannot

necessarily assume that PCS will be chasing on behalf of practices.

Pharmacy 2U

You may remember reports in the media earlier this year that the online pharmacy, 'Pharmacy2U', had sold personal customer data to a marketing company.

The ICO has now concluded its investigation and Pharmacy2U has been fined £130,000 for breaching the Data Protection Act. The ICO investigation found that Pharmacy2U had not informed its customers of intentions to sell their details, and that customers had not given consent for their personal data to be sold on. The report concluded that the sale of customer names and addresses, and the subsequent targeting of these customers by third parties, was 'likely to cause distress to individuals who have a reasonable expectation of confidentiality'.

Please note that the breach relates to data held by Pharmacy2U – there is no indication of any data breach from GP systems. Full details of the ICO investigation are available **here**

The findings raise serious concerns about the handling of personal data by Pharmacy2U, which is the UK's largest NHS approved online pharmacy. Although the BMA welcomes the ICO investigation, they are pushing for custodial penalties for those who wilfully or recklessly abuse personal data. In their view, the current financial penalties do not offer enough of a deterrent. It is not yet clear whether any further action will be taken by the General Pharmaceutical Council or Care Quality Commission, with which Pharmacy2U is registered.

Practices should be aware of these developments in case of any queries from patients.

Staff NHS Pension Scheme

This is a reminder that generally it is a legal requirement for GP partners to offer the staff they employ enrolment onto the NHS pension scheme. Further details and links to detailed guidance can be found **here**

Patients' requests for copies of their notes in preparation for DWP interviews

Following a query from a practice, the LMC has written to the Department for Work & Pensions for advise.

DWP have confirmed the following:

- DWP decision makers are required to take all evidence into consideration when making a decision on entitlement to benefit
- If DWP requires further medical evidence it will be requested directly by DWP. This is usually by a healthcare professional working on behalf of the Department, via an ESA 113, which GPs are required to complete as part of their terms of service.
- Claimants are encouraged to provide information that they already hold, e.g. page 1 of the ESA 50 Capability for Work Questionnaire states: Send **copies** of any medical or other information **you already have".**
- Claimants are also advised of the types of information DWP find helpful (page 4 of form ESA 50).
- that DWP do not require claimants to obtain any new or specially prepared information and that DWP cannot refund any costs involved if claimants do obtain this
- that DWP might ask claimants own healthcare professionals for information, but not always, therefore DWP stresses the importance of claimants sending any information that they already have and not to ask or pay for new information.

A copy of the ESA 50 can be found here

Sessional GP e-newsletter

Here is the November edition of the sessional GP e-newsletter.

GPC Newsletter

Here is the latest GPC Newsletter

Display Energy Certificates (DEC)

As many of you may already be aware, until recently a DEC was required for any building that exceeded 500m2 which is frequently visited by the public. Please note that this changed from the 9th July 2015.

A DEC will be required where the total useful floor area of the building exceeds 250m2 which 'is occupied in whole or part by public authorities and frequently visited by the public'.

The BMA legal department is of the opinion that for the purposes of a GP practice the definition of a public building is likely to include surgery premises, as GP practices are in receipt of public funds and provide a public service to large numbers of people who visit regularly.

They have added that it would be for the occupier of the building, rather than the owner to arrange the DEC (the use of the building will usually be dictated by the occupier so it would make sense for them to arrange same if the above criteria is applicable to them). However, the position might be different if NHS Propco owns the building, rather than a private landlord, in which case they will probably be responsible for obtaining and paying for the DEC. The guidance does also state that where there is doubt over whether a DEC is needed, it is good practice to obtain one (Guide to Display Energy Certificates and Advisory reports for Public Buildings). The DEC is purely based on the overall output of a building and not each single piece of equipment.

The assessment must be undertaken by an accredited energy assessor using the methodology approved by the Secretary of State. To check that an energy assessor is a member of an accreditation scheme, a search facility is available on the central register website. The regulations can be viewed here.

Guidance on requirements for registering with a GP

NHS England has worked with patient groups and advocacy organisations to produce Guidance on Registering with a GP. It clarifies that patients do not

legally need to provide documentary evidence of identity, immigration status or proof of address, to register with a GP. Practices should not refuse registration on such grounds and there is no contractual duty to seek such evidence. This approach is supported by the BMA General Practitioners Committee. The Department of Health will shortly be consulting on extending charging of overseas visitors. However, the consultation does not propose introducing charges for anyone attending an NHS appointment with a nurse or GP in primary medical care.

Treating overseas visitors

A recent article in Pulse has highlighted the confusion that exists around treating overseas visitors seeking care from a GP. GPs have traditionally treated many overseas visitors as private patients but that is no longer considered the appropriate default position. Although a significant part of the GP community does not agree with government guidance as explained by the following GPC article, it would appear that there is little or no scope for practices to charge overseas patients, unless they choose to be treated privately. In principle, those residing in the practice area for more than 24 hours should be treated as temporary residents (unless your list is closed). No fee is payable for these patients. Those who are in the area for more than 3 months should be registered (unless your list is closed), for which the usual capitation fee is payable. Either way there is no need to verify residency status, identity, address etc.

Despite all this the following receptionist protocol should not be in breach of the regulations:

Patient: "I'm visiting from X (foreign country) and would like to see a doctor"

Receptionist: "Are you looking for private registration using your travel insurance, or NHS registration"

Patient: "I have insurance so private registration is fine"

In summary: any patient in England, regardless of their residency status, regardless of where in the world they are from, and regardless of how long they will be in England, must be treated in exactly the same way as a UK resident . This applies in respect of emergency and immediately necessary treatment, application for temporary resident registration and application for permanent registration.

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

Outcomes of November LMC meeting

•CHP/LIFT practices - issues regarding charges are still ongoing, and the LMC is currently waiting for a meeting to be arranged by NHS England which will take place between CHP, NHSE, the LMC and a practice representative.

•ESCAs - Gastro DMARDs and diabetes meetings are still to take place

•Members agreed to support Shropshire LMC's request to propose that the GPC hold a Special Conference to discuss the situation in General Practice.

•Members discussed a suggestion that the LMC consider forming a "2015 committee" (similar to the 1922 committee which the government formed for party political benefits). The group would look at engaging retired GPs/ex LMC officers to form a group with the aim of engaging with PPG and the media to vocalise a true picture of problems facing GPs (without any political tone).

•TB Plan - members rejected the proposal by the CCG for the latent TB testing

DNACPR

As a result of a CQC inspection a pan-Staffordshire review has recently taken place to ensure that all providers work to the same protocol when it comes to managing patients subject to a DNACPR. I enclose the protocol for GP's attention. As you can see it indicates that a GP would normally be expected to review a patient's DNACPR status within 14 days of their discharge home, or residential or nursing home.

Visiting Guidelines

The winter months tend to be a particularly challenging time for practices, not in the least because of increased requests for visits. To help equip you with the tools needed to determine whether a GP home visit is required or appropriate, and to be able to explain this to your patients, please let me remind you of the North Staffordshire visiting guidelines.