

Newsletter



North Staffordshire
LOCAL
MEDICAL
COMMITTEE

Professional advice for General Practice

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A sign of things to come

So far we are used to having it our own way. Many of us have been offered work and agreed to take it on over the years, without much thought, even if it has not necessarily brought any net gain to our practice. Clearly, this has all changed with the Health and Social Care Act 2012 and the government drive to encourage competition within the NHS, as well as the recruitment and retention crisis in General Practice. Where we have until recently been the sole or preferred provider of General Practice Services, increasingly other parties are invited to bid for work which would previously have been ours. That would be fine, provided these other parties take on the challenging tasks in General Practice, but the reality is that they are looking for low hanging fruit and easy pickings.

It is disappointing that although the LMC has quarterly meetings with the LPC (Local Pharmaceutical Committee), the LPC has not once mentioned the fact that they were preparing to stray into General Practice territory, despite the fact that they started planning the Pharmacy Flu Campaign 12 months ago. Add to this that commissioners such as Public Health England are oblivious to their statutory obligation to consult LMCs on matters relating to General Practice, and you have a recipe for disaster in General Practice. Although we have managed to delay the start of this year's Pharmacy Flu Campaign, which will allow us to mitigate against the impact the pharmacy flu campaign may have, the problem of competition with General Practices is here to stay. Flu vaccinations for year 7-8 will be done by SSOTP, with practices being asked to pick up those who fall through the net. NHS health checks (a commissioning responsibility for Public Health) are due to go out to tender, again without any consultation with the LMC. All this against the background of existing challenges GPs could do without, such as district nurse requests for GPs to generate prescriptions for dressings, sign medicines authorisation sheets and pick up the pieces from incomplete hospital care.

GPC news

The latest [GPC Newsletter](#) contains the following articles:

- Care Quality Commission
- Changes to NHS availability of erectile dysfunction treatments
- GPC meeting
- Conference for people considering a career in general practice
- Consultative event for sessional GPs, GP trainees and new qualified GPs
- LMCs - Change of details
- Prescribing of unlicensed medicines
- Prescription direction guidance
- Pressures in general practice
- Representing prison GPs conference - 6 November 2014
- Sessional GP conference
- The GP Earnings and Expenses Enquiry Report 2012/13 and Investment in general practice 2009/10 to 2013/14
- Update from the RCGP resources to support doctors in appraisal and revalidation
- Vaccine update newsletter - England only

The LMC is tackling all these issues, but I thought you should know that competition with General Practice is real, and the examples above a sign of things to come.

Dr Harald Van der Linden
Secretary, North Staffordshire LMC



Minor Surgery DES

There has been discussion with the Area Team about the wording regarding claiming for procedures under the Minor Surgery DES. The Area Team have clarified what can be claimed and has sent the following statement.

The wording regarding claiming for a number of procedures undertaken in one consultation in the nationally agreed Service Specification is: page 4

'If a practitioner performs more than one procedure on the same patient during the same consultation, they can only claim for one procedure, not the total number'.

The Area Team would expect GPs to do what is clinically appropriate for patients. It should already be the case that multiple procedures carried out in one appointment have been subject to one claim. The wording in the national specification clarifies this.

Subject Access Requests (SAR)

A recent query was made to the GPC Local Medical Committee discussion list regarding Subject Access Requests (SAR). Following a request from a GP's patient, the GP had made a copy of a patient's notes and had sent them to the patient explaining that the GP was only obliged to copy a set of notes once. Following this, the GP then received a request from the patient's solicitor asking for a further copy. The solicitor was only willing to pay a maximum of £50, even though it had cost in excess of this to make a copy.

The LMC can advise that under the Data Protection Act the maximum fee that can be charged for copying records is £50. For further information follow the [link](#).

RTA charges in General Practice

Practices should be aware that the first doctor to attend to a patient following an RTA can charge (the driver of the vehicle) a fee of £21.30, according to the guidance only if the patient is seen within 24 hours of the accident. However GPs should invoice/charge the driver of the vehicle (which may not be the patient), and only if patients present within 24 hours. [Click here for further information](#)

Legionella and water cooling systems

The LMC has previously given advise regarding legionella risk assessment, however a constituent from another LMC had enquired about compliance with legionella surveys and testing. Although Legionella can be found in cooling systems, it can multiply in any water between 200c and 600c. Such water might be at the bottom of immersion heaters, dead legs in pipe systems or cold water pipes which are in close proximity to hot water pipes.

Below are some useful links for further information

<http://www.wras.co.uk>

www.hse.gov.uk

CQC Mythbusters

Nigel Sparrow is CQC's National GP Advisor and has been drafting some guidance for GP practices which he calls 'mythbusters'. These are now being collated on the CQC website and can be accessed [here](#):

GP Jobs - free listings

GPJobs.org is a new recruitment site which offers free listings to GP Practices. Any role in General Practice can be advertised whether the role is for a salaried GP, Partner, Maternity locum, Practice Nurse or Receptionist. It offers practices an alternative

to placing traditional adverts that can cost £1000s that could be better spent elsewhere. All listings are completely free, and are also automatically posted on Twitter to increase awareness of your vacancy.

To register and start advertising, click [here](#)

If you have any queries, contact 0845 388 3450 or info@gpjobs.org - they are happy to post the job for you if you prefer.

Apprenticeship Support for Primary Care

The LMC has recently met with the National Skills Academy Health (NSA). The NSA are currently working with Health Education England to promote effective investment in skills development for primary care workforce and support for Apprenticeships within General Practice.

An apprenticeship provides on the job training and qualifications allowing individuals the opportunity to gain the experience necessary for their current or proposed role and potential career progression.

Would you like to find out more?

[Click here](#) to find out more about Apprenticeships and the local support available for your practice

[Click here](#) to find out about NSA's unique healthcare Apprenticeship Training Agency, developed to meet the workforce development needs for smaller practices.

Practices can contact the NSA via their website or by e-mailing peter.presland@nsahealth.org.uk

Flu vaccinations given by Healthcare Assistants

Healthcare Assistants (HCAs) are able to administer flu vaccinations, however this would have to be under a patient specific direction as opposed to a patient group direction for GPs and nurses. Advice from the MDU is as follows:

Can I delegate flu vaccines to a nurse or healthcare assistant?

The mass administration of vaccinations such as the flu jab can be delegated to nurses through a Patient Group Direction (PGD). A PGD allows licensed medicines to be supplied or administered by a named health professional to a group of patients who meet the criteria defined in the PGD. The person administering a vaccination or any medication under a PGD is responsible for selecting appropriate patients and for obtaining the consent or parental authority.

The NHS National Prescribing Centre has published guidance which explains the practicalities of producing, authorising and using a PGD and includes some frequently asked questions.

In contrast to nurses, HCAs can only administer flu vaccinations under a Patient Specific Direction (PSD), a written or electronic instruction from a GP or independent nurse prescriber to supply and/or administer medicine directly to a named patient or several named patients. The prescriber is responsible for assessing the patient(s). It is advisable to have a practice protocol in place to ensure relevant information is recorded such as the name of patient(s), the name and dose of the medication prescribed and why.

The MDU provides indemnity to HCA members to administer the flu vaccine, provided:

- They are working under the authority of a GP who is a member of the MDU at the time of their work.
- The doctors within the practice have ensured that they have assessed the HCA's competence to take on the task of administering vaccinations and a record is kept of their training programme.
- The practice has a protocol which complies with the law on the administration of vaccines, and a system in place to monitor the HCA's performance and training.
- A doctor, nurse practitioner or nurse is always on the premises while the HCA administers the vaccination or injection.

Individual HCAs or their practice managers should contact their medical defence organisation to let them know that they will be carrying out these duties.

Confirming death and certification of Death

This aims to clarify the distinction between confirming and certifying death in relation to GPs' obligations.

English law:

does **not** require a doctor to confirm death has occurred or that "life is extinct"

- does **not** require a doctor to view the body of a deceased person
- does **not** require a doctor to report the fact that death has occurred
- **does** require the doctor who attended the deceased during the last illness to issue a certificate detailing the cause of death

The obligations of a doctor in relation to confirming death and certification of death are set out in the following [BMA guidance](#)

The Best Job in the World!

(Advertisement spotted in friendly neighbourhood journal close to you)

Wanted highly qualified graduates with 10 years of training, to carry out 40 - 50 client contacts every day. Total number can vary, depending on convenience of Clientele.

Wages are non-negotiable and unpredictable, depending on profits/expenditure. Income decreases year on year, and is decided by government. Expenses governed by market forces and workforce turnover.

Additional hours are mandatory. Candidates will be expected to work 7/7 and 8 to 8 with a smile on their face. No family contact or supermarket perks are permitted during these hours.

Quality and outcomes must be continuously recorded. This can be done by ticking boxes. Successful candidates will be expected to provide at least 3 minutes of eye contact per consultation with a client.

Regular personal inspection annually and five yearly revalidation is compulsory. Failure to comply will result in termination of contract. We are an equal opportunities employer and do not encourage whistleblowing.

The business will be inspected annually and possibly by 3 different agencies. If deemed inadequate, special measures will be enforced.

LMC Officers

Chair:

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Vice Chair:

Dr Jack Aw
01782 565000

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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

Personal/professional indemnity is not provided. This can be obtained for a premium of £7-8k a year from a number of agencies, but cover is discretionary. For a competitive quote, please visit www.WhatChoiceDoIHave.com.

No holiday cover is provided. If you need to arrange a long-term Locum, please cancel your next holiday, as this can seriously put you out of pocket.

You are automatically enrolled onto our Pension scheme. Your contribution equals 23.5% of salary, rising to 29% soon. Lump sum pension now reduced, subject to further change with notice but without any agreement. National Insurance payments also likely to increase to fund your old age care. Package for level of seniority and experience are not included. Retirement age is to be increased at will by government and without proper consultation.

Remuneration of £150k+ will be quoted by agencies and media but rarely received. This post does not offer personal incentives for e.g.; a Company car. Hours will match workload but is exempt from working time directive. Any serious error made during the 12-14 hour working day, however is not exempt and will be subject to prosecution.

Applicants can expect to have high divorce rates, alcoholism, suicide, drug misuse and mental illness whilst in post with no help from occupational services. This attractive opportunity is usually filled by the top 5% of school achievers. Apply now. Places aren't filling rapidly.

Other career opportunities are available for those who are able to demonstrate leadership within their business and work with other businesses in the locality or federations or strategic authorities to navigate complex organisational structures subject to reform every 6 months, depending on political whim.

Exit Strategy included in Job Plan:

If you are over 45 with two kids to raise, we will try and help you survive the 8 years left on your mortgage, sell your big house and move to small house to raise funds for your child's University education and your retirement, rough it out for another 3 years of torture, exit the Pension scheme and then freelance for St. Bury's Ltd. until you are 59/60. After that, you are on your own!

Au Revoir!

Dr Venture Spleen

The views expressed in this column are those of the author and not necessarily those of the LMC.

Personal Profile - Dr Lorna Clarson



Name:	Dr Lorna Clarson
Place of Birth:	Stoke-on-Trent
Medical School:	Sheffield University Medical School
Year of qualification:	2005
GP Training:	North Staffordshire VTS
Current Place of Work:	Kingsbridge Medical Practice/Keele University
Partner/Salaried/Locum:	Honorary GP and Clinical Research Training Fellow
Full time/part time:	Full time
Committee member since:	April 2012
Current role on committee	Female GP representative
Medical-political interest or priorities:	<ul style="list-style-type: none"> • To stop general practice becoming the unresourced default provider for all healthcare services that are not adequately provided by those contracted to do so. To protect primary care from the current trend of paying peanuts and getting monkeys, resulting in an ever increasing workload for GPs to bridge the gaps. • To improving the local primary/secondary care interface since we are all in this together. • To stop local GP bashing an engage the media and the public in protecting general practice from the imminent and almost inevitable collapse it faces.
If I could change anything for GPs it would be.....	to change the perception of GPs portrayed by politicians and the media; being made the scape-goat for consistent under-investment and neglect of primary care by government. I would encourage GPs to stand up for themselves, and make sure that we are recognised for the important work we do, going above and beyond what is required of us in the interests of our patients, frequently to the detriment of ourselves.