INTRODUCTION

Welcome to South Staffordshire LMC’s latest newsletter. It’s been some time since we have sent out a newsletter but rest assured, we have been very busy working on your behalf since the last one!

The LMC is working to support general practice at a time of great change within the NHS. With the evolving roles of the CCG, NHSE, local authorities, emerging collaborative GP networks, new models of care etc; it makes it even more essential for the LMC to provide the link between grass root GPs and the above organisations and be part of the wider systems solution to the challenges facing the NHS currently.

The LMC is dedicated to represent general practice; supporting GPs and the practice teams in providing quality care for our patients - it really is an unique organisation! We would welcome more input, so invite constituent members including GP Registrars and Locum GPs) to attend a meeting or two as observers. If you are interested, please contact us as below.

NHS STANDARD HOSPITAL CONTRACT CHANGES

Effective from April 2016, the NHS Standard Hospital Contract has been amended to prevent hospitals sending patients who’ve missed appointments back to their GP. Asking GPs to re-refer to a related specialty will cease, and GPs will not be expected to chase up hospital results, with responsibility falling upon the requesting clinician.

A letter reiterating the above issues was sent by NHS England to CCGs and Hospital Trusts, and can be found here https://www.england.nhs.uk/wp-content/uploads/2016/07/letter-contract-requirements.pdf?utm_source=The%20British%20Medical%20Association&utm_medium=email&utm_campaign=7524402_NEW12A1%20GP%20ENEWSLETTER20trainees&dm_t=0.0.0.0

GPs should notify their CCG in the event that the contract is not being followed. SSLMC will assist CCGs with monitoring these new arrangements to ensure that the new requirements of the NHS Standard Hospital Contract are complied with and that the GP feedback has been fully taken into account. SSLMC is working with the North Staffs LMC to agree a charter with our secondary care providers.

GPs STATE OF EMERGENCY

At the London wide LMC’s annual conference, a nationwide campaign was announced in response to the current crisis in general practice.

GP State of Emergency aims to:

• Provide practices with resources to help them appropriately manage their workload.
• Help practices to engage with their PPGs - we need our patients to understand the limitations within which we work and to become the public voice for our practices.
• Raise awareness of the reasons behind the current GP crisis.

Please visit the incredibly useful www.gpsoe.org.uk website, which contains numerous resources for practices to use, including letter templates, posters etc.

Please feedback on what other resources you would find useful for your practice to enquiry@sslmc.co.uk.
Earlier this year saw the publication of the new RCGP Appraisal & Revalidation Guide. This guide has been significantly revised, informed by an extensive survey the RCGP undertook last year.

The RCGP recognised that the current requirements had become too cumbersome and bureaucratic with some of the conditions being interpreted in an overly complex way, so that the majority of GPs felt the whole process had become burdensome. There is a welcome shift in emphasis in the guide to a more supportive and less onerous appraisal process.

Find the RCGP guide at http://www.rcgp.org.uk/revalidation~/media/Files/Revalidation-and-CPD/2016/RCGP-Guide-to-Supporting-Information-2016.ashx and for a summary of the changes that have occurred.

CQC MYTHBUSTERS AND TIPS FOR GP PRACTICES

The CQC publishes and regularly updates a useful list of frequently asked questions around their inspection requirements. This is presented by Professor Nigel Sparrow, who is a GP and the CQC’s senior national GP advisor and shares agreed best practice guidance, which is available at http://www.cqc.org.uk/content/nigel%E2%80%99s-surgery-tips-and-mythbusters-gp-practices-full-list

FIREARM LICENSING GUIDANCE

Further to recent advice issued by SSLMC, there has been a change in the format of the letters being received by GPs for completion, whereby the tick-box form has been replaced by an assumption that GPs will still review patient records and notify the Police of any concerns within 21 days, failing which it will be assumed that no concerns exist.

SSLMC has flagged this up with the BMA GP Committee for a formal response. The interim statement from the GPC is that: the BMA has sought external legal advice on their guidance and is awaiting final advice on our position. At this point in time, the BMA do not think that this new letter will change their current guidance advising members that they are not contractually obliged to do the work (and therefore can refuse), but if they do wish to undertake the work, they can charge a fee. The BMA reminds GPs that the most important guidance is that the doctor responds to the Police without delay either way - it is not acceptable for them to ignore or discard the request.

SUSTAINABILITY AND TRANSFORMATION PLANS (STPs)

STPs are a new, place-based method for planning. The NHS Shared Planning Guidance asked every health and care system in England to create a local place-based plan for accelerating implementation of the 5YFV (Five Year Forward View) and consequently, the GP Forward View.

STPs are important because they will be the main gateway to funding. Any growth in CCG allocations for 2017/18 onwards is contingent on the sign-off of the CCG’s local STP during 2016/17. They will also become the single application and approval process for all transformation funding programmes from 2017/18. There are 44 STP footprints nationally, with ours (FP10) covering Staffordshire and Stoke-on-Trent (SSoT).

Whatever our individual opinions on this shift, it is clear that this is happening, and at a considerable pace. We cannot sit on the side-lines and watch this happen. Fundamentally we need to be absolutely certain that any realistic plans have General Practice at their core whilst at the same time being mindful, and reminding others around the table, of the current crisis in the profession.

South and North Staffordshire LMCs have fought hard to have a seat at the table of the STP board and representatives are now attending regular meetings. The task is enormous, but we feel it is imperative we are there to protect General Practice, and ensure a resource ‘shift to the left’ which will help enhanced Primary and Community Care provision.

We intend to keep you fully updated on progress and ensure engagement with GPs happens in a thorough and timely fashion, and you can be assured that we will strive to ensure that the development of plans across SSoT acknowledge the unique role GPs play in the provision of quality healthcare.

Dr Gulshan Kaul
LMC Secretary

DATES OF NEXT MEETINGS

29 Sep Samuel Johnson Hospital, Lichfield LMC
10 Nov Hill Street Health & Wellbeing Centre NHSE

The meetings with the LMC are for the full committee of LMC members without NHSE.

The meetings with NHSE are for the LMC Executive and NHSE alone.

LMC MEMBERS

The following is a list of current members of the South Staffs LMC

Dr G Kaul (Secretary) 01543 414311
Dr V Singh (Chairman) 01543 870580
Dr P Gregory (Executive member) 01283 565200
Dr P Needham (Executive member) 01283 656200
Dr T Scheel (Executive member & Treasurer) 01283 845555
Dr M Bermingham 01785 822220
Dr O Barron 01889 562145
Dr J Eames 01785 815555
Dr E Odber 01827 219843
Dr A Parkes 01827 68511
Dr A Selvam 01543 571650
Dr A Yi 01543 870590
Dr H Zein-Elabdin 01922 702240
Dear reader

V Spleen is taking a short break and will return very soon.

In the meantime, V Spleen would like you to consider the following quote from Sir Cyril Chantler:

“Medicine used to be simple, ineffective and relatively safe. It is now complex, effective and potentially dangerous.”