



LMC NEWS

Website: www.sslmc.co.uk

E-mail: enquiry@sslmc.co.uk

CONTENTS

	Page
Message from HM Senior Coroner for South Staffordshire	1
Profile of GPs in South Staffordshire	1
CQC inspections - features of outstanding and inadequate practices	1
CQC and branch surgeries	2
Patient name changes	2
Cessation of travel vaccine PGDs for practice nurses	2
Timescale for insurance reports	2
NHS Property Services and billing	2
Flu immunisation for patients with BMI over 40	2
Retirement of Dr David Dickson and appointment of Dr Gulshan Kaul	3
Dates of next meetings	3
LMC Members	3
Dr V Spleen	3

MESSAGE FROM HM SENIOR CORONER FOR SOUTH STAFFORDSHIRE

Please note the recommendations below from Andrew Haigh, Senior Coroner:

I have recently had a case where summary records obtained from a GP's practice omitted several important matters. It appears that the details had 'dropped off' the pages to be sent from the database. Speedy provision of relevant summary records is important to me and indeed pathologists when carrying out autopsies on my behalf. It is also of importance to local GPs because it prevents me from seeking detailed reports/records in many cases.

I wonder if it possible for there to be an established procedure with all local GPs who practice in my area along the following lines:

1. That when I make a request for summary records (this is usually through one of my Coroner's Officers) they will be provided speedily;
2. The summary records will include all relevant major matters and the last few consultations with the deceased;
3. If I receive the above then I will not seek a more detailed report unless this is really necessary in the circumstances.

PROFILE OF GPs IN SOUTH STAFFORDSHIRE

There were 376 GPs in September 2013 and there are now 393 in September 2015.

The category of GPs working in our area reflects the national trend:

Partners	187	47.6%
Salaried	84	21.4%
Locums	122	31%
Total	393	

CQC INSPECTIONS - FEATURES OF OUTSTANDING AND INADEQUATE PRACTICES

The number of GPs in a practice is a factor strongly associated with its CQC rating. Practices with 7 or more GPs are more likely to be rated outstanding than practices with 3 or less GPs.

Features of outstanding practices:

- Effective leadership and a positive patient centred culture;
- Effective working in multi-professional teams and across organisations;
- Extra services which empower patients to self-manage;
- Support for the emotional needs of patients and carers and close working with communities;

Features of inadequate practices:

- Weak leadership and a chaotic and disorganised environment;
- Isolated working;
- Poor culture of safety and learning and of quality improvement
- Disregard for HR processes;
- Unsafe medicines management;
- Lack of practice nurses or very low number of practice nurse sessions.

CQC AND BRANCH SURGERIES

The LMC is aware that the CQC disclosed to the NHSE an inspection report of a local practice where they had registered the 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 informs us that registering branch surgeries separately is a common misunderstanding for GPs and many have multiple registrations.

The web links for the appropriate CQC guidance are below:

Making changes to your CQC registration:

<http://www.cqc.org.uk/organisations-we-regulate/registered-services/making-changes-your-registration>

Remove a location:

<http://www.cqc.org.uk/application-form-finder/step-one-provider-or-manager/step-two-are-you-registered/step-three-what-d-3>

PATIENT NAME CHANGES

A practice manager has contacted the LMC office for advice regarding guidance for patients wishing to change their name and what evidence is required.

Legal advice is that if you wish to be known by a different name you can change your name at any time, provided you do not intend to receive or defraud another person. There is no legal procedure to follow in order to change your name. You simply start using the new name. You can change a forename or surname, add names or rearrange your existing name.

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 the name of choice.

CESSATION OF TRAVEL VACCINE PGDs FOR PRACTICE NURSES

NHSE and PHE have clarified the cessation of travel vaccine patient group directions (PGDs) for practice nurses.

They restated that individual prescribing is the normal preferred route for patients to receive medicines, however PGDs should be used where there is a clear benefit to the patient. NHS England agreed with GPC that nurses should still be able to give travel vaccines under a PGD.

Where a PGD is in place patients can have their travel immunisation needs assessed on an individual basis by a health care professional, and if vaccines are indicated and a PGD is in place these could be provided without unnecessary delay or inconvenience.

Public Health England are currently working on a national template PGD for Revaxis (Td/IPV) which includes travel indications, which underlies their support for the concept of PGDs for travel.

TIMESCALE FOR INSURANCE REPORTS

A GP asks if there is any national/prior agreement about timescales for turnaround of insurance reports. The BMA agreed the following principle with the Association of British Insurers:

"The report should be returned within 20 working days of the request. We acknowledge that insurance companies may ask for a more speedy response in exceptional circumstances, for example in connection with completion of a loan".

If faced with extenuating circumstances such as staff illness etc you could inform the requesting Company as soon as the situation arises and they are generally accepting of this.

Some GPs charge a significant amount more if the company want the report within a couple of days

It might be worth remembering that medical reports for life assurance purposes are covered by the Access to Medical Reports Act 1998, so if a patient wishes to see the report before it is dispatched, the GP should refrain from sending it for 21 days from receipt of the request for the report.

NHS PROPERTY SERVICES AND BILLING

The LMC is aware that several practices have received no invoices from NHSPS since April 2015.

A reply from the finance manager of NHSPS based in Shelton, Stoke on Trent states:

Billing is now done centrally and any queries are to go to creditcontrol@property.nhs.uk.

There has been a delay in billing this year due to the finance reorganisation and would advise that GPs put aside the same amounts they paid last year to cover the bills when they do arrive.

FLU IMMUNISATION FOR PATIENTS WITH BMI OVER 40

The Joint Committee on Vaccination & Immunisation have advised that morbidly obese people (defined as BMI>40) could benefit from a seasonal influenza vaccination.

However, funding has not been agreed to cover this cohort as part of this year's Enhanced Service. Practices are able to use clinical judgement to vaccinate patients in this group, but vaccinations for morbidly obese patients with no other risk factor are not eligible for payment under this ES. The inclusion of this cohort in subsequent years is under consideration.

In addition, NHS England has confirmed that the morbidly obese are not included in the Pharmacists' additional service so they should not be directed to pharmacists unless recommending a private vaccination.

Whilst a number of patients in this group will be eligible for vaccination under another risk category due to other health complications that obesity places on them, our advice to practices is that there is no obligation to vaccinate patients with BMI over 40 as they are not currently included in the

"at risk" groups.

However, if practices find themselves with flu vaccinations left over due to Pharmacists' activity, the morbidly obese might be an appropriate population on which to use them up.

RETIREMENT OF DR DAVID DICKSON AND APPOINTMENT OF DR GULSHAN KAUL

Dr David Dickson has been LMC Secretary since April 2000 and will be retiring at the end of December 2015. His replacement is Dr Gulshan Kaul who is a GP at Cloisters Medical Practice in Lichfield.

**Dr David Dickson
LMC Secretary**

DATES OF NEXT MEETINGS

19 Nov	Hill Street Health & Wellbeing Centre, Burton on Trent	LMC
14 Jan	Hill Street Health & Wellbeing Centre, Burton on Trent	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 D Dickson (Secretary)	01283 564848
Dr V Singh (Chairman)	01543 870580
Dr P Gregory (Executive member)	01543 682611
Dr G Kaul (Executive member)	01543 414311
Dr P Needham (Executive member)	01283 565200
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 H Skinner	01283 812210
Dr E Wilson	01922 415515
Dr A Yi	01543 870590
Dr H Zein-Elabdin	01922 702240

DR V SPLEEN

Dear reader

Doctors threatening to strike...again! Only this time it is junior doctors. I personally fully back our junior colleagues and want them to know I value their work and their efforts and I personally support them in their contract negotiations. I understand you may not be as forthright in your support, and I can understand why.

I hear you say "But will the public see us as different or one and the same?" After all it is not us GPs who are going to strike.

We within our profession clearly see a difference in job role and a difference in the terms and conditions of our work, but is this being related well to the press and hence the public? The short answer is probably "no". If you ask Joe Bloggs on the street I would suggest they see us as as all the same, juniors, consultants, GPs, locums etc. Some of you may see this as frustrating as you feel you may be tarred by the juniors brush.

I hear you saying the junior doctor contract has no bearing on you, your work, or the pressures we are being put under. In fact some might go as far as saying it is clouding the issue and GPs are now struggling to have their voice heard about extra workload pressures amongst the shouting from the roof tops about junior doctor contracts.

So if you are still reading this perhaps it might help to know what the problem is. In short the government is not willing to listen to common sense or evidence base in my view. What they are saying makes little sense when fully analysed. On top of this they are refusing to negotiate and plan on imposing a new contract radically changing working lives of our colleagues. They claim no pay cut for juniors but are extending the "normal working day". They want this to run from 7am to 10 pm and if that was not enough Saturday is no longer a weekend it is to become a normal working day as well! Consequently juniors will not be deemed to be working "unsocial" hours at these points and be paid less...a pay cut. This will cause a loss of protection from working to a point of exhaustion... We have all heard the government flogging the dead horse of 7 day 24hr access to medical care while at the same time not increasing the man power yet still cutting the resources.... (madness!?)

Some of you might say that sounds a lot like the way GPs have to work! And I suppose that is the point. Even if you feel junior doctor contracts are a million miles away from your own back garden I would urge you to take the next logical step. GP contract negotiations are beginning soon and we will all need to stick together. I am not asking you to join the marches or wave a banner but I would ask you to be supportive. If the Government gets away with it with the juniors you will be next...

Venture

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