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SOUTH STAFFORDSHIRE



LMC NEWS

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GMS CONTRACT CHANGES 2015/16

The GPC has circulated their guidance to the contract changes for 2015/16.

It should be noted that Patient Participation Groups (PPG) are now a requirement. The LMC is aware that a number of practices do not have a PPG and may wish to contact their CCG for help in forming such a body.

PATIENT ONLINE SERVICES

Patient Online is an NHS England programme designed to support GP practices to offer and promote online services to patients, namely: access to summary information (allergies, adverse reactions and medication) from their records, appointment booking and repeat prescriptions.

The contractual obligations of GP practices to offer and promote online services to patients are outlined in the GMS and PMS Contract Regulations, sections: 74C (1) (2) (3) – General Medical Services Contract Regulations, and 70D (1) (2) (3) (4) (5) (6) – Personal Services Agreement Regulations by 31 March 2015 available at GMS and PMS Regulations

As your Local Medical Committee we feel it is important we draw your attention to this so that you may understand your contractual requirements for patient online services.

Patient Online has been working in partnership with the British Medical Association, Royal College of General Practitioners and other Royal Colleges to develop materials to support GPs which is available at http://elearning.rcgp.org.uk/patientonline

These materials include implementation guides, check lists, registrations forms, case studies, videos, reports, FAQs and guides to assist GP practices in delivering these services.

HEALTHWATCH

Healthwatch organisations are part of the Regulations which allow them to enter and inspect practices:

Entry and viewing by Local Healthwatch organisations 91B Page 154. The contractor must comply with the requirement to allow an authorised representative to enter and view premises and observe the carrying-on of activities on those premises in accordance with regulations made under section 225 (duties of services-providers to allow entry by Local Healthwatch organisations or contractors) of the Local Government and Public Involvement Health Act 2007.

The LMC is not aware of any specific guidance but would suggest that general provisions in respect of confidentiality must obviously apply, as well as ensuring that the visit is in no way detrimental to the delivery of patient care.

COMBAT STRESS REPORTS

You may have received requests from Combat Stress for reports.

Combat Stress is an NHS commissioned service and therefore GPs cannot charge Combat Stress for a referral. Whilst that does not mean per se that the report, if the GP has not done the referral, is a contractual obligation, most GPs do choose not to charge for these. This means that the GP decides whether a referral is clinically indicated or not on the NHS.

The request for a report should be treated as a request for sharing of appropriately required information with any other provider responsible for the patient's treatment, as per GMC guidelines. There is no obligation to provide whatever is requested, merely the information that the practice believes is necessary and appropriate for the patient's care.

If a patient asks for a referral, and the GP does not feel it is appropriate, then they should explain this to the patient, in

the same way as they would for any other request for a referral which the GP does not think was justified.

PRACTICE BOUNDARY

A patient recently has been discharged to a nursing home outside a GP's practice boundary. The home rings for a visit. How should the GP respond?

The GP has NO obligation to visit in this scenario:

See section 3 of Schedule 6 of the Regulations:

Attendance outside practice premises

- 3.- (1) In the case of a patient whose medical condition is such that in the reasonable opinion of the contractor—
- (a) attendance on the patient is required; and
- (b) it would be inappropriate for him to attend at the practice premises, the contractor shall provide services to that patient at whichever in its judgement is the most appropriate of the places set out in sub-paragraph (2).
- (2) The places referred to in sub-paragraph (1) are—
- (a) the place recorded in the patient's medical records as being his last home address;
- (b) such other place as the contractor has informed the patient and the Primary Care Trust is the place where it has agreed to visit and treat the patient; or
- (c) some other place in the contractor's practice area.
- (3) Nothing in this paragraph prevents the contractor from—
- (a) arranging for the referral of a patient without first seeing the patient, in a case where the medical condition of that patient makes that course of action appropriate; or
- (b) visiting the patient in circumstances where this paragraph does not place it under an obligation to do so.

Following 3(2)(a) as long as the practice has not changed the registered address on the records there is no obligation to visit.

Dr David Dickson LMC Secretary

DATES OF NEXT MEETINGS

20 November	Samuel Johnson Hospital	ΑT
15 January	Hill Street Health & Wellbeing	
•	Centre	LMC

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

The meetings with the **AT** are for the LMC Executive and the AT alone.

LMC MEMBERS

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

Dr D Dickson (Secretary) Dr V Singh (Chairman)	01283 564848 01543 870580
Dr P Gregory (Executive member) Dr G Kaul (Executive member) Dr P Needham (Executive member) Dr T Scheel (Executive member &	01543 682611 01543 414311 01283 565200
Treasurer)	01283 845555
Dr M Bermingham Dr O Barron	01785 822220 01889 562145
Dr J Chandra	01543 870560
Dr J Eames Dr E Odber	01785 815555 01827 219843
Dr A Parkes	01827 68511
Dr A Selvam Dr E Wilson	01543 571650 01922 415515
Dr A Yi	01543 870590
Dr H Zein-Elabdin	01922 702240

DR V SPLEEN

Dear Reader

On a daily basis Dr Spleen is being reminded that the Health Service is broke!

And Dr Spleen understands that in order to rescue the NHS, she must demonstrate that she has not wasted any of the remaining valuable resources, by for example going through all her patients that had been admitted to hospital, just to find out in the end that they all needed this kind of intervention, because they were actually very sick!

But at least this useful activity has prevented her from seeing more patients and having to explain to them why certain procedures, like varicose vein surgery, are only permitted once irreversible damage has been done.

However and despite these current financial constraints, Dr Spleen is eager to support this Government in the way it is spending the still available money wisely:

Having just had a very thorough CQC visit, which involved extensive preparation, she is very happy that funds are still available for "Health Watch", so that they can visit only a few weeks later and ask all the same questions all over again!

Dr Spleen is such a committed GP that she is even prepared to provide routine patient care 7 days per week and 12 hours per day, because she knows there is no money available to fund the extra manpower needed for such plans! And she does not want to disappoint David Cameron, who seems to have forgotten to check on the facts before making promises in order to win the election! In fact Dr Spleen has fully embraced the idea that her surgery should be run like Marks and Spencer's and welcomes anything from patient satisfaction questionnaires to the "Family and Friend's test", with the added benefit that it also keeps people in employment who are creating and looking at such paperwork!

The only thing that she hasn't quite worked out yet is, how she is supposed to keep all these customers happy when part of the game is to either prevent them from getting the services they want or selling them only the "cheap clothing" whilst the expensive brands are available only to the private patients?

So, when she recently read that this government had finally admitted that spending billions of pounds on the restructuring and reorganisation of the NHS had been a waste of money, she was wondering, what actually could have been done with these resources and if anyone is actually taking personal responsibility for such a waste?

Regards

Venture

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