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SOUTH STAFFORDSHIRE LMC NEWS

Website: www.sslmc.co.uk E-mail: enquiry@sslmc.co.uk

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CO-COMMISSIONING OF GP CONTRACTS

The recent proposal from NHS England that PCTs can bid to commission Primary Care has been discussed by South Staffordshire LMC and also at the Annual Conference of LMCs.

The LMC has written to our four CCGs with a view that making CCGs co-commissioners of GP contract will greatly damage relations between the CCGs and their GP constituents. It will undermine CCGs' chances of success in other areas of commissioning and will also undermine their credibility.

The LMC believes that the conflicts of interest would be unacceptable. The result of fundamental change in structure and function of CCGs must require a decision by the GP membership.

It is the view of South Staffordshire LMC that the GP core contract should not be held by CCGs.

The LMC requested reassurance from our four CCGs that they are not planning to express an interest in co-commissioning core general medical services from our practices.

You may aware that the CCGs have a number of options:
Continue in their current form;
Level 1 - this is where they will work with the Area Team but accountabilities and responsibilities remain with the NHSE Area Team;
Level 2 - CCGs and Area Team make joint decisions;
Level 3 - where there is delegated responsibility for CCGs to carry out defined functions on behalf of NHS England.

The reply from the CCGs is that they do not want to hold the GP contract or performance manage but they all want closer working with the Area Team. A joint Primary Care Commissioning Board has been formed as the co-commissioning decision making forum. The LMC will have a representative on this board.

GENERAL PRACTICE RECRUITING

You will have received a letter from the Area Team outlining initiatives to help practices recruit new doctors and other clinical staff. The LMC welcomes these initiatives and hopes they will lead to attracting new GPs to Staffordshire.

With respect to relocation expenses it needs to be made clear that the contract for the funding is between the new GP and their employer (or partners). It is the practice that will apply for the funding and enter an agreement with the new GP. Once the relocation process has finished, or expenses have reached £8,000, the practice would submit a single invoice to the Area Team for reimbursement.

If the individual doctor did not prove suitable after their probationary period it is the practice's responsibility to reimburse the Area Team and seek the funds from the doctor. In view of this small element of risk a practice needs to have an appropriate agreement in place.

LMC BUYING GROUPS FEDERATION

The LMC Buying Groups Federation has recently launched its new website. The site has a new design and layout and the log in process has been streamlined. Any visitor to the website can still view basic information about the buying group and its suppliers. However, since the special prices on offer through the buying group are only available to members, details of the deals are kept within the password protected part of the website.

The LMC Buying Group will be contacting each member practice with details of the log in process.

PRESCRIBING FOR SELF OR ANYONE WITH WHOM YOU HAVE A CLOSE PERSONAL RELATIONSHIP

Dr Ken Deacon, Medical Director informs us that the GMC currently have active investigations into several different GPs in the LMC area for prescribing to family members, prescribing controlled drugs to relatives, or self prescribing on an FP10. The GMC take an increasingly dim view of prescribing to relatives/people a doctor has a relationship with. Several of these cases are already in the fitness to practice system, and are expected to end up in fitness to practice hearings (some have already gone before interim orders panels), several more haven't reached this stage yet - but nevertheless are causing significant anxiety and distress to the doctors concerned.

The LMC would like to remind you that such prescribing for yourself or anyone with whom you have a close professional relationship should be avoided.

The relevant links to good medical practice and relevant guidance are below.

Good medical practice (2013)
Domain 1: Knowledge, skills and performance
Apply knowledge and experience to practice

http://www.gmc-uk.org/guidance/good_medical_practice/apply_knowledge.asp

16. In providing clinical care you must:

a. prescribe drugs or treatment, including repeat prescriptions, only when you have adequate knowledge of the patient's health and are satisfied that the drugs or treatment serve the patient's needs6
b. provide effective treatments based on the best available evidence
c. take all possible steps to alleviate pain and distress whether or not a cure may be possible7
d. consult colleagues where appropriate
e. respect the patient's right to seek a second opinion
f. check that the care or treatment you provide for each patient is compatible with any other treatments the patient is receiving, including (where possible) self-prescribed over-the-counter medications
g. wherever possible, avoid providing medical care to yourself or anyone with whom you have a close personal relationship.

Good practice in prescribing and managing medicines and devices (2013)
Good practice in prescribing and managing medicines and devices (2013) was published on 31 January 2013 and came into effect on 25 February 2013. It replaces Good practice in prescribing medicines (2008) and incorporates Remote prescribing via telephone, video-link or online (2012).

http://www.gmc-uk.org/guidance/ethical_guidance/14318.asp

Prescribing for yourself or those close to you

17. Wherever possible you must avoid prescribing for yourself or anyone with whom you have a close personal relationship.
18. Controlled medicines present particular dangers, occasionally associated with drug misuse, addiction and misconduct. You must not prescribe a controlled medicine for yourself or someone close to you unless:
a. no other person with the legal right to prescribe is available to assess and prescribe without a delay which would put your, or the patient's, life or health at risk or cause unacceptable pain or distress, and
b. the treatment is immediately necessary to:
i save a life
ii avoid serious deterioration in health, or
iii alleviate otherwise uncontrollable pain or distress.

19. If you prescribe for yourself or someone close to you, you must:
a. make a clear record at the same time or as soon as possible afterwards. The record should include your relationship to the patient (where relevant) and the reason it was necessary for you to prescribe.
b. tell your own or the patient's general practitioner (and others treating you or the patient, where relevant) what medicines you have prescribed and any other information necessary for continuing care, unless (in the case of prescribing for somebody close to you) they object.

WHAT IS THE VALUE OF A QOF POINT THIS YEAR?

The value of a QoF point remains the same as last year i.e. £156.92.

VAT ON MEDICAL SERVICES

Please note that providing healthcare to an individual is not subject to VAT whether NHS or private. However plastic surgery and aesthetics need special care.

Working as a doctor for economic benefit is subject to VAT e.g. HGV, DLA and providing services to third parties when not as an employee.

Special rules apply for death, insurance and some statutory duties e.g. subject access requests or SARs. Locums may be required to charge VAT depending on the organisational arrangements.

There is guidance on the HMRC website:

http://customs.hmrc.gov.uk/channelsPortalWebApp/channelsPortalWebApp.portal?_nfpb=true&_pageLabel=pageLibrary_ShowContent&propertyType=document&id=HMCE_CL_000121

All practices should regularly assess vatable and non-vatable income as failure to register on time is expensive. The advice of your accountant is essential.

Dr David Dickson
LMC Secretary

DATES OF NEXT MEETINGS

17 July	Edric House, Rugeley	**LMC**
4 Sep	Samuel Johnson Community Hospital	**AT**

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 V Singh (Chairman)	01543 870580
Dr D Dickson (Secretary)	01283 564848
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)	01283 845555
Dr M Bermingham	01785 822220
Dr O Barron	01889 562145
Dr J Chandra	01543 870560
Dr J Eames	01785 815555
Dr C McKinlay (Treasurer)	01283 564848
Dr E Odber	08444 773012
Dr A Parkes	01827 68511
Dr A Selvam	01543 571650
Dr E Wilson	01922 415515
Dr A Yi	01543 870590
Dr H Zein-Elabdin	01922 702240

DR V SPLEEN

Dear Reader

<u>Everything Must Change</u>

NHS management loves slogans, they are an easier alternative to rational thinking and actually trying to solve problems.

When I was younger, I often left Spleen Towers to work in PCG and PCG -land to try to solve exactly the same problems that beset the service today. A favourite trope of the overpaid NHS management gurus of the day was “If you always do what to you’ve always done then you’ll always get what you’ve already got”. I suppose this was meant to cast us as hidebound and conservative and create the impression of an NHS management open to change and innovation, ready to embark on risky creative endeavours. It was of course, a lie.

Management remained administration masquerading as management. Faced by a plethora of targets, inadequate budgets and childish politicians they hunkered down and actually opposed any original thinking. We tried unsuccessfully to increase district nursing numbers, to make the local community hospital an acute unit to support GPs and to build a hospital home service for the locale – we were not supported and we failed. After a while most of us involved realised we could not redesign the system in any major way and devoted ourselves to minor tinkering knowing the prevailing culture would not support us.

When all practices were dragooned into joining CCGs Venture found himself representing his practice due to the complete lack of interests evinced by his partners. We were told the CCG was an opportunity for all GPs to play a lead role in commissioning i.e. Designing contracting and paying for NHS services as the government had belatedly realised that as the most qualified and most highly trained members of the NHS we may actually know what we are doing. I expected to attend meetings with express and sole purpose of discussing service provision at the strategic scale locally and planning for major service redesign with a view to improving services and hopefully achieving financial survival.

Venture has been most disappointed. Against a backdrop of squeezed practice budgets, unreasonable demands on General Practice and failing hospitals we carry on much as before. Attending our CCG is like going back in time to PCT days. Our meetings largely consist of discussing minor issues or discussing how much extra work we can do for the CCG LES monies some of which have morphed into a mini QOF. Old concepts like referral management and micromanaging prescribing are slowly re-emerging despite the fact we know these do not work. We carry on doing what we have always done before and expect change resulting in that I do not feel like a board member.

Regards

Venture

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