To each General Practice in Tayside

TAYSIDE LOCAL MEDICAL COMMITTEE LTD

Issue Number 47 February 2016

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Golden Hellos

You may remember that the procedure for Golden Hellos changed as of January 2015 as per the 14-15 SFE, below:

- Remove the automatic entitlement to Golden Hellos with effect from 1 January 2015, except in remote and rural and deprived areas, where Golden Hellos (standard payment and the current additional payments for these areas) will continue to be available;

- Create a new arrangement for NHS Boards to make Golden Hello payments available to practices in all areas of Scotland where there is evidence (accepted through agreement between the NHS Board and the Local Medical Committee) of significant recruitment difficulties.

The LMC had been waiting on the Primary Care Department agreeing criteria for demonstrating of significant recruitment difficulties and Primary Care have now stated that any practice who has had difficulties in recruiting GPs since January 2015 should be eligible for a golden hello and so should contact the department.

We would urge any practice that falls in to these categories to include details of Golden Hellos in any adverts they run when trying to recruit new GP Partners or Salaried GPs.

New website for GPs from NHS Education for Scotland

Knowledge Services at NES have recently been working with GP Directors and Fellows to build a website that will offer quick access to Knowledge Network and external resources for GPs. The aim is to support decision making with best evidence and to help GPs navigate the resources available to help them, for both training and practice.

The resources have been selected in consultation with practicing GPs and collected onto a community site hosted on The Knowledge Network: http://www.knowledge.scot.nhs.uk/ksgp.aspx (The site itself is totally open and password free, so you don't need to login to access it).

Testosterone Monitoring / Requests for monitoring

This was discussed at the recent General Practice Advisory Committee Meeting when it was noted that no Shared Care Agreement (SCA) had yet been submitted for consideration around Testosterone monitoring.

The LMC supported the view of Dr Michelle Watts that Practices should continue to decline to take on this work, and all other monitoring work, that does not have an agreed SCA in place as this carries significant clinical governance and patient safety risks.

We strongly advise Practices to follow this advice and can reassure you that than when you are told by the Department requesting the work "you are the only Practice not doing this work" that this is not the case.

If you are unsure which Drugs have agreed SCA's in place and so are resourced for Practices to monitor/administer, then please check out the list on the Near Patient Testing LES and the Minor Surgery LES on the Primary Care page on the intranet.

Practice Nurse Indemnity

From 1 January 2016, Practice Nurses have to be named individually on the practice scheme. They are free, but you have to complete an online form (5 questions for each nurse) and can have as many practice nurses as you like on this.
Nurse practitioners and advance practitioners - you can have up to the same number as GPs you have.

Practice Manager, HCAs, phlebotomists and other practice staff are covered under vicarious liability.

They are behind on the notifications, hence the reason you may not have been advised yet. The Nurses can be backdated to 1/1/16 when the online form has been completed.

SPIRE Healthcare Letter re Long Term Management of Patients Post Bariatric Surgery

Many of you may have seen the recent communication from SPIRE Private Healthcare offering training and tips on dealing with these patients.
Given that this is Private Treatment (and GPs are not necessarily even involved in the aftercare of patient who have had this treatment under the NHS) we would like to remind you that:

- This is non GMS
- The Private Clinic / Hospital should continue to provide and manage care for these patients, including prescribing.
- You can refer the patient to the NHS service for treatment rather than feel pressured to take this on
- Only any emergency treatment resulting from this should be dealt with by you

DLA is ending - advert to be shown in surgeries – England, Scotland and Wales

Disability Living Allowance (DLA) is ending for people who were born after 8 April 1948 and are aged 16 or over. DWP is writing to DLA claimants to ask if they wish to make a claim for Personal Independence Payment.

A DLA is ending advert is being shown via screens in GP surgeries and hospitals. This advert is to raise awareness that DLA is ending and to make sure that patients in receipt of DLA know what to do next.
The advert is being shown in over 1,500 sites across England, Scotland and Wales. It will run until 4 March.

To find out more about the DLA ending and Personal Independence Payment (PIP) visit: www.gov.uk/dla-ending

Effect on GPs / action required
GPs will be asked to provide further medical evidence in the normal way for DLA claimants for individuals who decide to claim PIP.
GPs may receive enquiries from patients currently on DLA who have received a letter or heard that the DLA is ending. *©GPC News*

Medinet Weekend Clinics

As we stated in last month's Newsletter these Clinics seem to be causing quite a few issues, such as:

- Sending patients to practice for bloods normally done in secondary care
- Long delays in Practices receiving letters from these clinics
- Requesting medication be prescribed that is not in the Formulary or does not have an agreed SCA

We have raised this with Dr Andrew Russell, Medical Director, NHS Tayside and would advise you to send him details of any instances or queries you have around these clinics, and copy us in to these letters

Power Of Attorney

The LMC is aware that there has been a national campaign to increase the number of people in Scotland who have a POA in place. While this is generally a good thing, as it can make decisions on care much easier if patient loses capacity, it sometimes can add to the work of a GP.

For instance a GP may be asked to give an opinion on whether the patient granting the POA has the capacity to understand what they are agreeing to. GPs are not the only professional who can do this, as others including solicitors can provide this service.

To be clear this work does NOT form part of your GMS contract and practices are entitled to charge for providing this service. GPs should consider these requests carefully and take time to be sure that the individual understands what they are signing and is giving their consent freely.

The LMC is not able to advise how much you should charge, so practices should set their own fee rates and in doing so consider the time involved and that this is a professional opinion that could theoretically be legally challenged at a later date.

Special Conference of LMCs

Some, if not all, of you may have noticed that there is a bit of a crisis in General Practice across the UK and because of this LMCs in England started calling for a special conference of LMCs which the General Practitioner's Committee (GPC) formally called for at its December meeting.

Yours truly is Deputy Chair of the UK LMC agenda committee and so had the honour of being Deputy Chair of the conference, which was called to "decide what actions are needed to ensure GPs can deliver a safe and sustainable service."

This was held on Saturday the 30th of January in London and we managed to rationalise 590 plus motions that were submitted into 16 motions that we debated to try and give GPC a mandate on behalf of the profession. The agenda on the day was split into sections on:

Workload (we are drowning under it)
Workforce (we are an endangered species)
Regulation (CQC, not in Scotland thank goodness….got a good kicking)
Premises,
Funding (give us some)
Indemnity
Solutions/actions.

We had purposefully left an hour for the final solutions debate where the conference voted for identifying actions that could be done without breaching contracts, a ballot considered regarding work we can stop and canvassing GPs on undated resignations if we don't get what we want within 6 months. Everyone who wanted to had the chance to talk and we had many rousing, tub-thumping speeches.

You can watch the web cast, via the BMA website, if you happen to have a spare 5 hours or read the conference report attached, which shows the motions passed.

New referral system of medical suitability of gun owners – England, Scotland and Wales

A safer system for firearms licensing is being introduced in April to improve information sharing between GPs and police and to reduce the risk that a medically unfit person may have a firearm or shotgun certificate. At present, the police usually only contact an individual's GP before the issue of the certificate if the applicant has declared a relevant medical condition.

After the certificate is granted there is no reminder system to inform the GP that the patient they are seeing is a gun owner.

From 1 April 2016:

• Police will ask every firearm applicant's GP if the patient suffers from specific health issues, such as depression or dementia.

• GPs will be asked to place a firearm reminder code on the patient's record. This means the GP will know the person is a gun owner, and they can inform the police licensing department if the patient's health deteriorates after the gun licence is issued.

• New guidance will be published to help GPs and police operate the new system. Responsibility for deciding if a person is suitable to hold a firearm certificate remains with the police.

The new system was developed after the BMA raised concerns about weaknesses in the current process with the Home Office. It has been developed by the BMA, RCGP and the police, in conjunction with shooting associations and the Information Commissioners Office.
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PART I

SPECIAL CONFERENCE OF LOCAL MEDICAL COMMITTEES
JANUARY 2016

RESOLUTIONS

Report of the agenda committee

(3) 1. That the report of the agenda committee be approved.
(Proposed by Mary O'Brien, Agenda Committee)
Carried

Workload

(300) 2. That conference, gravely concerned by the intensity at which GPs are working, believes that current working practices may be a risk to patients' care and GPs' health, and calls for GPC to campaign for safe working practices such as:
(i) an increase in the duration of routine GP appointments to at least 15 minutes
(ii) a restriction of patient contacts per day to a level comparable to other EU countries
(iii) an outlawing of unsafe 12 hour days
(Proposed by Helena McKeown, Wiltshire LMC and Agenda Committee)

Parts (i) and (ii) carried
Part (iii) carried as a reference

Shortened stem (as below) also carried unanimously
That conference, gravely concerned by the intensity at which GPs are working, believes that current working practices may be a risk to patients' care and GPs' health

(6) 3. That conference believes, in order to provide safe and sustainable services in general practice, separate contractual arrangements are needed for:
(i) care for residents of nursing homes, residential care homes and similar institutions
(ii) medical certification of illness
(iii) travel advice and immunisation
(Proposed by Stefan Kuetter, Buckinghamshire LMC)
Carried

Workforce

(8) 4. That conference, in respect of physicians' assistants;
(i) is concerned that they will distract attention from the inadequate numbers of GPs and registrars
(ii) is concerned that they will not decrease GP workload
(iii) is concerned that they will increase referrals, investigations and prescribing
(iv) demands that they require their own medical indemnity cover.
(Proposed by Roberta King, Dorset LMC)
Parts (i), (ii), and (iii) carried
Part (iv) carried unanimously

(9) 5. That conference, in order to address the current recruitment crisis, demands;

(i) the government writes off a proportion of new GPs' student loans for each year of service, at five yearly intervals

(ii) more support for newly qualified GPs to take on partnership roles more gradually

(iii) an immediate increase in the number of GP training posts in Northern Ireland to a level equivalent to the other three UK countries.

(Proposed by Greg Place, Nottinghamshire LMC)
Part (i) carried
Part (ii) carried as a reference
Part (iii) carried unanimously

Future of the NHS

(12) 6. That conference insists that new models of care must be based on:

(i) personalised care being delivered to patients by general practices supported by extended primary health care teams

(ii) a registered list of patients

(iii) an adequately resourced, safe and sustainable national core GP contract

(iv) cherishing and building on the independent contractor model

(Proposed by Ken Megson, Gateshead and South Tyneside LMC)
Parts (i), (iii), and (iv) carried
Part (ii) carried unanimously

Regulation

(13) 7. That conference believes that over regulation and monitoring of the profession has eroded morale and had an adverse effect on the sustainability of General Practice, and:

(i) opposes any increase in the fees demanded of practices by the Care Quality Commission and demands that all fees be fully reimbursed.

(ii) demands that GPC actively campaigns to abolish the regulation of General Practice by the CQC.

(iii) demands that GPC produces realistic proposals for an effective peer led quality assurance scheme for General Practice based on criteria that improve patient care and safety.

(iv) calls on GPC to explore all options by which GP practices could lawfully withdraw from engaging with the Care Quality Commission.

(Proposed by Jackie Applebee, City and East London LMC)
Part (i) carried unanimously
Parts (ii), (iii), and (iv) carried

(14) 8. That conference:

(i) recognises that appraisal and revalidation consume time that General Practitioners could use for direct patient care.

(ii) calls for the appraisal and revalidation requirements to be reviewed and simplified.

(iii) calls for appraisal to return to being a formative process.

(iv) calls for the frequency of appraisals to be reduced

(Proposed by Stephanie De Giorgio, Kent LMC)
Carried

Premises

(15) 9. That conference:

(i) believes that GP practices should have a right to insist that their practice premises be owned by the NHS and to this end demands that the NHS must take on the head lease role of any GP premises on the request of the GP principal involved.

(ii) calls for a "buyer of last resort" scheme to be established for privately owned or rented GP premises to safeguard practices where the financial risk associated with the premises threatens viability.

(iii) calls for an accelerated programme of update and redevelopment for practices whose premises are inadequate to deliver 21st-century primary care.

(Proposed by Michael Haughney, Glasgow LMC)
Part (i) carried as reference
Parts (ii) and (iii) carried

Funding

(16) 10. That conference notes that practices currently provide a year of care for an average of £141 per patient and believes that this is wholly inadequate to provide a safe, sustainable and responsive service that meets the growing needs of their patients and therefore calls on governments to ensure that all practices receive at least £200 per patient per year.
(Proposed by Nicola Hambridge, Leeds LMC)
Carried

(17) 11. That conference supports patients' requirements for safe and sustainable services which can only be delivered by stable general practices and therefore requires that:

(i) the GPC rejects annual contract renegotiations

(ii) such a contract will be subject to genuinely independent financial review only.

(Proposed by Elliot Singer, Watham Forest LMC)
Carried

(18) 12. That conference demands that the reimbursement of GP expenses must be properly and fully funded if practices are to continue to function and remain open.
(Proposed by Simon Parkinson, Worcestershire LMC)
Carried unanimously

Indemnity

(19) 13. That conference calls upon the GPC to negotiate Crown Indemnity for all GP work, both in and out of hours, in all NHS working environments, with immediate effect.
(Proposed by Mike Ingram, Hertfordshire LMC)
Carried

Next steps

(303) 14. That conference instructs GPC that should negotiations with government for a rescue package for general practice not be concluded successfully within 6 months of the end of this conference:

(i) actions that GPs can undertake without breaching their contracts must be identified to the profession

(ii) a ballot of GPs should be considered regarding what work/ services must cease to reduce the workload to ensure safe and sustainable care for patients

(iii) the GPC should canvass GPs on their willingness to submit undated resignations.

(Proposed by James Murphy, Buckinghamshire LMC)
Carried