# Derby and Derbyshire LMC Ltd

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"Representing and Supporting GPs"

....Since 1913

### **Newsletter Edition 119**

Welcome to the October

October 2014

Edition of our newsletter. It's been a busy

time for practices and this edition is therefore rather

longer than usual. We hope you find the information useful and we

welcome your feedback and comments. Contact <a href="mailto:nwando.umeh@derbyshirelmc.nhs.uk">nwando.umeh@derbyshirelmc.nhs.uk</a>

#### **LMC and PCDC Reshuffle**

Over the past 4 months James Cutler has been working for both the LMC and the Primary Care Development Centre (PCDC).

Due to the recent success of the PCDC and the urgent need to recruit more PCDC Associates, to help delivery on the PCDC vision and ambition, it has been agreed for James to work at the PCDC in a more full time capacity and to cease working at the LMC on 31 October 2014.

We would like to take this opportunity in thanking James for his time at the LMC and helping to support LMC levy paying practices in Derby City and County. However, James will continue to offer support for all GP practices across Derbyshire and Nottinghamshire within his PCDC Associate position. The LMC will continue to work with James and the PCDC in supporting their future personal and organisational growth.

#### The General Practice Awards 2014 - Derby and Derbyshire LMC Services

We are delighted to announce that the Practice Nurse Competency Framework has made it to the final of the General Practice Awards 2014. Very many congratulations to Lisa Soultana, the Practice Nurse Project Champions, HEEM (Derbyshire), NDCCG and everybody else who has been involved with the Practice Nurse project. Watch this space for the outcome.

#### **PRN (As required) Prescriptions**

With the increasing rigour of CQC inspections of practices, residential and nursing homes and providers of domiciliary care, it is timely to remind prescribers (medical and non-medical) that patient safety is improved if PRN prescriptions specify details of the indication and minimum dosing intervals and, in cases where this does not follow on from the minimum dosing interval, the maximum dose in 24 hours. If these details are not included on the original prescription (and therefore on the pharmacist's direction label) practices are increasingly likely to receive requests for clarification from providers of services in the community.

John Grenville

### New Guidance and Legislation from the Department for Education (DfE)

DfE has issued, without consultation with the medical profession, new guidance and legislation for schools regarding children with health problems. This is likely to increase request to GPs for information. The GPC has issued guidance: the link is <a href="here">here</a>. The LMC continues to discuss Collaborative Arrangements with NHS England.

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#### **IMPORTANT GMC CONSULTATION ON SANCTIONS**

You may be aware that the General Medical Council has launched a major consultation and the LMC would like to seek your views so that we can feed them back to the GMC. Please send your comments to the LMC by 24 October and also feel free to respond directly to the GMC as well.

#### The consultation

Last month the GMC launched a major review of the guidance used to decide what action should be taken against doctors who do not meet GMC professional standards. This is the guidance used by Fitness to Practice (FTP) panels run by the Medical Practitioners Tribunal Service (MPTS). At the end of a hearing about a doctor's fitness to practice medicine, panels decide what action should be taken to protect the public and uphold confidence in the medical profession. The guidance is also available to GMC decision makers (Case Examiners) who decide whether a case does require to go for a panel hearing.

The GMC is consulting on a wide range of proposals to update this guidance to ensure that the decisions made are fair and consistent. The GMC is also reviewing the role of apologies and warnings in the fitness to practice process. The consultation consists of more than 20 questions. The key ones are:

Should panels require doctors to apologise when a patient has been harmed?

Should more serious action be taken where doctors fail to raise concerns when they see poor care being received by patients or when they have a serious concern about a colleague's fitness to practise? The GMC believes this could increase the protection of patients and also drive a more open and honest culture in the places where doctors work.

What action should the GMC take against a doctor who fails to work in a professional way with others? In extreme cases, this unprofessional behavior can impact on patient safety and may include bullying, harassing and discriminating against colleagues or patients.

In serious cases where harm has been caused to patients, should the doctor be accountable and face a sanction even if they have remediated? Are the warnings the GMC gives doctors an effective way of dealing with less serious concerns?

#### How you can take part

1.Read the document online and send your comments to the LMC, using the questions above. Our deadline is 24 October.

2. Also you may send your comments direct to the GMC

Find the link to the GMC's consultation document <u>here</u>.

The GMC consultation can be completed online at <a href="https://www.gmc-uk.org/isg">www.gmc-uk.org/isg</a> consultation . You can also find more information on the GMC microsite, which brings the role of GMC sanctions guidance to life and provides the GMC with additional feedback to support the main consultation results: <a href="https://www.gmc-uk.org/panel">https://www.gmc-uk.org/panel</a> decisions in action/ .

#### Succession Planning for GP Property Ownership

Over the years the LMC has had to deal with a number of disputes that have arisen because a retired partner has ownership or part ownership of practice premises. These disputes can be prolonged and bitter. It is important to realise that a retired partner's interest may not be completely aligned with the interest of the continuing partner(s). The LMC therefore recommends very strongly that property ownership issues should be considered in partnership agreements, on a long term and on going basis when considering the practice's development and, especially, as soon as a property owning partner begins to consider retirement.

Where a retiring partner owns the premises outright, the parties should consider a sale to one or more of the continuing partners or a lease of the premises to the practice by the retiring partner, which must be dealt with as if it were any other commercial lease. Where a retiring partner is a part owner of the premises, he/she should be bought out of the premises by the continuing partners since it is very difficult to draw up a lease arrangement when the interest of multiple lease holders are not aligned.

Ideally, all property arrangements should be in place by the date on which the retiring leaves the partnership.

#### Care Quality Commission (CQC) Update

Derby and Derbyshire LMC Ltd is pleased to offer you **Nwando's** "On closer inspection"

We appreciate how busy practices are with an exponentially rising workload and have therefore taken the liberty to source hot topics on CQC and produce an easy to read document with direct links to important information. The aim is to prepare practices for inspections and keep you updated with relevant information. So far, we have published two issues which are available to view on our <a href="website">website</a>. We appreciate the positive feedback on them from you and we welcome your suggestions on how we can improve on this service. Please look out for the next one which contains information regarding the upcoming 'New CQC General Practice Inspection Regime Seminar' and lots more.

#### **NHS Standard Contract, Information for GP practices**

Practices will be aware that CCGs are currently recommissioning services that used to be commissioned as Local Enhanced Services. The changes that have taken place since the introduction of the Health and Social Care Act 2012 require that they do this under the standard NHS contract, rather than the SLAs or simple customised contracts that they used to use. Practices therefore need to be familiar with the standard NHS contract.

There is guidance on this and we set it out below: it is based on the BMA's guidance on this matter, available at <a href="http://bma.org.uk/practical-support-at-work/commissioning/nhs-standard-contract-fags">http://bma.org.uk/practical-support-at-work/commissioning/nhs-standard-contract-fags</a>

GP practices should familiarise themselves with the NHS Standard Contract and seek legal advice if necessary when signing new contracts. NHS England has produced guidance for CCGs using the Standard Contract and it may be useful for practices to read it. Read the NHS England guidance here.

It is possible for the contract to be modified so that it is appropriate for the services being commissioned. The NHS England website refers to the contract being "adaptable for use for a broad range of services and delivery models" and its guidance on the use of the contract states that "the contract is published as an eContract which will allow commissioners to produce a contract on-line which is tailored to the type of provider and the services being commissioned".

GP practices and LMCs should seek detailed legal advice on the content of contracts before negotiating significant changes to them. There are particular areas that GP practices and LMCs may need to negotiate and agree on a case by case basis following legal advice:

Liability, particularly in the case of termination or breach of contract.

Provision of information. GP practices and LMCs should particularly look at whether clauses in this area refer to requests for information being reasonable, how often requests might be made and any costs associated with these requests.

Costs associated with or outlined in the contract that are not factored into the main value of the contract. The process for dispute resolution requires careful consideration.

The LMC has asked that if a CCG modifies the contract, we and GP practices would want any contractual modifications clearly highlighted at the stage that the draft contract is issued.

The LMC is prepared to read and comment on any modifications, but GP practices will always be advised to seek specific legal advice on this matter.

# Performing Rights Society and Phonographic Performance Ltd

We published guidance about these 2 organisations in our August 2006 newsletter. It appears that the PPL are running another campaign to ensure that practices are paying their license fee where appropriate. All practices that play music to patients or staff on their premises are advised to reread our 2006 guidance <a href="here">here</a>. The relevant article is at the top of the second column on page 2.

#### **Out of Area Registration Scheme**

Practices should by now be aware that the Out of Area Registration Scheme start date has been put back to the 5th of January 2015. This is because this politically driven scheme has proved too difficult to implement within the promised time scale. We are told that more details will be forthcoming before the new year.

Practices are reminded that if and when the scheme is introduced, there will be 2 elements: Firstly, the opportunity to register patients from outside your practice area but with no obligation for home visiting; Secondly, NHS England will have an obligation to commission a visiting service for such patients who require home visits - this may, or may not, be offered to practices.

#### Are you in despair for your future in General Practice?

As many of you will be aware, Dr Andrew McHugh, a GP in Oxfordshire, has carried out a survey of over 2700 (self-selected) GPs across the country, asking about the future of General Practice. He has now published a link to the report of the findings <a href="here">here</a>. (Warning - the full report is 10 megabytes). It makes depressing, but compelling, reading. It is probably also worth reading the recently published 'Centre for Workforce Intelligence' report on the GP Workforce, which was commissioned by the government but slipped out months after it had been completed and with minimal publicity. Find the link <a href="here">here</a>.

#### **The Primary Care Development Centre**

Please click <u>here</u> for the East Midlands Leadership Academy (EMLA) Programme Directory for 2014-15, which is being offered through the Primary Care Development Centre (PCDC). All courses / workshops / events that are being offered through the PCDC are **FREE** to delegates who register with them using an Expression of Interest form. For further information contact James Cutler at <a href="mailto:james.cutler@pcdcnottingham.co.uk">james.cutler@pcdcnottingham.co.uk</a> - 07477 052036



#### **VACANCIES**

Please Note: For easier access to information, the job section of our website has been spilt into sections for Salaried GPs/Partners/Locums, Practice Nurses and Admin Staff. For more details visit

http://www.derbyshirelmc.org.uk/Jobs.php

Gentle Reminder for Practices - If your practice wants to advertise a job vacancy via our newsletter, the deadline to send it to the LMC office is the <u>last week of the month</u>. However, the deadline on the advert itself has to be ideally past the first week of the month as the newsletter goes out in the <u>first week of the month</u>. There is no deadline for the advert to be uploaded onto our website, however please note the advert itself must contain a deadline for it to go on the website. After the deadline, if you wish to run the advert again, then you may notify us in writing with a new deadline.

#### **Practice Manager**

Location: Full-time, Derbyshire

Contact: anita.mckinney@nhs.net or 0115 8554216

Salaried GP - 6 sessions a week Practice Nurse - 10 hours a week

Location: Derby

Contact: rebecca.orgill@nhs.net\_or 01332 224530

Sessional Doctors (DHU) - On-going

Location: Bases throughout Derby City and Derbyshire Contact: Sonia Gale, HR Administrator on 0300 1000 410

option 1

#### **Derby and Derbyshire LMC Recruitment Services**

Do you require a bespoke comprehensive recruitment service tailored to suit the needs of your practice? Contact Lisa Soultana on 01332 210008 or 07883 981 330 for an informal discussion or alternatively, email Lisa. Lisa has successfully helped to recruit 6 Practice/Business Managers over the last 12 months for GP Partners. For more details on this service visit our website.

#### **East Midlands Nursing Training update**

Health Education East Midlands are recruiting to the next cohort for the GP Practice nurse programme. This prepares Practice Nurses for the breadth of competencies required for their role. The deadline is December 2014. Find an update regarding this training on our <u>website</u>

#### **Useful Guidance and Resources**

#### **Overseas Visitors rights to Primary Care Medical Services**

The LMC has been asked by several practices about what services overseas visitors can access at their practice, what they are contractually obliged to provide and what they can refuse. As a result of this the LMC has put together a guidance document, please <u>click here</u> for the link to the resource on our website.

A key point of this guidance is:

"When a patient, who is not present in the UK for a settled purpose, presents at your practice you will need to determine if their condition is urgent or requires immediate attention. If it falls under either of these it will require you to treat them for <u>free</u>. If a patient is presenting with anything non-urgent (prescription request, etc.) you may treat them for free, but you do <u>not</u> have to. You may then choose to treat them privately."

#### **Parental Rights to Access Child Medical Records**

For up to date guidance on parental rights to access child medical records, please click <u>here</u>.

#### Peter Holden's 'How many GPs do we need - Reckoner'

Dr PJP Holden's 'How many GPs do we need reckoner', revised edition, November 2013 can be found under **'H'** on our Guidance and resources webpage. Find here

#### Death

For guidance to help clarify the distinction between confirming and certifying death in relation to GPs' obligations, please click <u>here</u>.

#### Contact us at:

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