MARCH 2015 NO. 2

SOUTH STAFFORDSHIRE



LMC NEWS

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LMC CONFERENCE MAY 2015

The annual LMC Conference will be held in London during May and we have submitted the following motions for debate. If you have any issues please forward to the LMC.

That Conference requests the GPC to be realistic and:

- i. Renegotiate our current payments structure insisting the changes are implemented in 3 years time.
- ii. Understand that the current one way business relationship cannot survive with global demand on GPs affecting every aspect of their lives.
- iii. Develop an exit strategy for an independent profession truly independent of the NHS if the Government cannot agree that the service is buckling under the present unreasonable and frankly childish arrangements.

Whilst welcoming the NO MORE GAMES CAMPAIGN this Conference instructs GPC to campaign against further demoralisation of General Practice and demand that Government stops:

- i. Blaming GPs for everything, including the crisis in
- ii. Using the NHS for political gains.
- iii. Adding stress to GPs by transferring un-resourced work from secondary care.
- Raising false patient expectations about GP access and opening hours.
- v. The negative media campaign against General Practice making it unattractive to new doctors.
- vi. Initiating and then criticising GP payments such as the dementia incentive which we never asked for.
- vii. Misleading the public that GPs are overpaid.

That this Conference believes the current workload levels are affecting the health and wellbeing of doctors adversely, endangering patient safety and propagating attrition in the GP workforce, potentially making General Practice unsustainable. Conference therefore calls upon the GPC to:

- Restore work-life balance to the profession by implementing the UK Working Time Regulations (WTR) for "ALL" General Practitioners.
- ii. Introduce a workload monitoring system that records time spent working outside contracted hours.
- lii Develop a banded payment mechanism that recognises and compensates GP for the intensity and duration of work carried out during unsociable hours.
- iv. Negotiate a New Deal Contract that protects patients from overtired doctors, by reducing the maximum hours worked per week to 48.

That Conference deplores the wholesale closure of Mental Health beds because:

- i. They have been a cost-cutting exercise leading to problems for patients, families and the Police.
- ii. The evidence for their reduction is questionable and patients are suffering because of being placed in units far away from their homes and families.

Conference therefore requests the GPC to discuss with the DH the impact these changes have on patients and consider their reversal.

OOH DENTAL SERVICES IN STAFFORDSHIRE

Below is an article from the local Dental Committee Newsletter.

It has become increasingly clear that dentists as well as patients are confused about the arrangements for NHS dental out of normal working hours emergency services. To ensure that everyone gets the same information, the following is a summary of the arrangements so that all dentists should then be giving out the correct information to their patients. Please be aware that during contracted hours dental practices have a duty to manage their own urgent/emergency care patients. A number of dentists have also enquired about the availability of a poster to advertise the arrangements. A link to a poster that is readily available to download is provided that can be printed and displayed in the waiting areas of dental practices if so desired by dental providers.

OOH in South Staffordshire:

Initial contact for patients out of hours should be to NHS111. Where appropriate patients will be put in contact with the centre which is open. Calls are answered at the times shown with clinical sessions running alongside these opening hours. Week night sessions run to 8pm.

Monday Cannock Tuesday Stafford Wednesday Burton Thursday Burton Saturday Burton every week, Cannock and Stafford alternate weekends (8.30 -12.15) Sunday and Bank Holidays Cannock (09.30 -12.30)

CQC - GP MYTHBUSTERS: DEATH NOTIFICATION

CQC have had a number of questions from GP practices about when to report deaths that occur when a person is receiving care from the practice.

GP practices registered with CQC are required (under the Health and Social Care Act 2008) to notify them of a number of incidents, events, and changes. This includes notifications of the death of a patient.

Providers do not need to notify CQC about every death of a registered patient.

However, they must provide details if the death occurred while care was actually being provided, for example:

- while a patient was in consultation with their GP
- while at their health centre or surgery during a home visit.

In addition, providers must notify CQC of deaths that occurred within two weeks of a clinical interaction with practice staff if:

- the death was, or may have been, as a result of the care or how it was provided, and
- could not be attributed to the course which the illness or medical condition would naturally have taken if the deceased had been receiving appropriate care and treatment.

You would not, for example, need to notify CQC of the death of a cancer patient that had an appointment for pain relieving medication the previous week.

A fictitious example of a death that CQC should be notified of

A patient in a dispensing practice is on a repeat prescription for morphine sulphate 10mg twice a day for chronic pain. The patient requests a prescription and, in error, a prescription is issued for morphine sulphate 100mg twice a day. The medication is dispensed by the practice dispensary and the patient's wife, who looks after his medicines, gives her husband 100mg tablets of morphine sulphate. He takes 2 doses over the next day and then his wife is unable to rouse him in the morning. He is admitted to hospital where he has a cardiac arrest and dies.

The death should be reported to CQC as the person died within a few days of receiving care from the practice when a prescribing error has been made.

These notifications must be submitted without delay.

GPC STATEMENT - GENERIC PRESCRIBING OF PREGABALIN

A generic version of pregabalin (Lyrica) is shortly to become available, but it only has a license for use in epilepsy and general anxiety disorder with the manufactures patent on use for pain control continuing. The manufacturers have indicated their intention to enforce their patent through the courts, and anyone supplying generic pregabalin for pain control might be open to litigation. While this primarily affects dispensing doctors, others might be troubled by pharmacists seeking to confirm the indications for generic prescriptions. We would therefore advise doctors to prescribe Lyrica by brand when used for its pain control indication for the time being.

CONTROLLED DRUG UPDATE FROM NHSE

Please see attached.

ONLINE ACCESS TO MEDICAL RECORDS FOR CHILDREN AGED 12+

Please note that any patient over the age of 12 registering for Patient Access must receive their login details/pin directly and these must not be handed to the parent.

The exceptions to this would be if:

- 1. The child lacks capacity or
- 2. Is deemed by the GP not to be Fraser competent
- 3. The child/young person (12-16 years) consents

AND

The GP feels that access to records is in the child's best interests, in which case parents can be offered online access to records.

Dr David Dickson LMC Secretary

DATES OF NEXT MEETINGS

26 March Samuel Johnson Community Hospital LMC 30 April Edric House, Rugeley 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 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 Dr J Chandra Dr J Eames Dr E Odber Dr A Parkes Dr A Selvam Dr E Wilson Dr A Yi Dr H Zein-Elabdin	01785 822220 01889 562145 01543 870560 01785 815555 01827 219843 01827 68511 01543 571650 01922 415515 01543 870590 01922 702240

DR V SPLEEN

Dear Reader

Is it not amazing that, in the run up to the general election, most political parties have become so generous and are promising to pour billions of pounds into our sick NHS? Of course, we have heard this all before but I would still wish to believe that this time they mean it!

A few years back my CCG saved a few million pounds through better prescribing and other good practices. However this year I am told that the CCG's deficit has now doubled! So although CCGs will be delighted with the Promised NHS Funding it is anyone's guess whether they will invest it in Primary Care or just reduce their deficits!

Also, people are being told that there will be extended GP opening hours, more care in the community and reduced referral to the hospitals. With progressive reduction in my practice income during the last 3-4 years I cannot imagine how I shall cope with additional demands.

So whoever wins the election I do hope that they keep their promises for once. Should this not happen I shall have another excuse to take an early retirement!

Regards

Venture

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