

Newsletter – July/August 2014

LMC Meeting 28th July 2014

At our last LMC meeting we discussed a range of issues including; PMS reviews and the effects on practices, urgent care centre, and the 'winter monies' funding round.

360 Degree Stakeholder Survey

The LMC noted the results of the CCG's recent 36Degree Audit. It is important the CCG Executive continues to command the confidence of its members. Therefore those amongst us who didn't respond favourably are encouraged to engage with the CCG directly - or in confidence via the LMC - in regard to what might be improved.

PMS Funding

Practices should be in receipt, from the Area Team, of indicative current funding per patient; this is a crucial document which will allow practices to predict how their finances will be affected by 'PMS Premium' changes. If you haven't received it then contact the area team as soon as possible.

Deprivation of Liberty Assessments (DoLs)

Following a recent court case ruling, more patient assessments will be required, estimated at over a thousand per year. The main issue is finding sufficient s12-qualified GPs to perform the assessments and decide whether detention under the Mental Health Act applied. It is recognised this was difficult as it requires GPs with psychiatric experience. Training from the Royal College of Physicians (RCP) is available for DoLS which do not require s12 experience, however it is necessary to have at least three years post registration experience in the diagnosis or treatment of a mental disorder.

It is possible that RDASH could put on some training subject to sufficient numbers attending.

Funding has not been agreed yet, but might possibly be offered on a per-case basis.

If you are interested then please contact Amanda at:- Amanda.Coyne@rotherham.gov.uk

Further info at:-
http://webarchive.nationalarchives.gov.uk/20100407222006/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@pg/documents/digitalassets/dh_084998.pdf

Smoking Cessation LES

Negotiations are still ongoing. The latest offer was deemed not acceptable by the LMC in covering practice costs for sign-ups.

NICE Lipid Modification Clinical Guideline

The GPC believe that there is insufficient evidence of significant overall benefit to low-risk individuals to allow GPs to have confidence in the recommendation to reduce the risk-threshold for prescribing cholesterol lowering drugs, and that doing so might distort health spending priorities and disadvantage other patients.

Their particular concerns include:-

- NICE has not had access to all trial data, having instead only made an assessment of the likelihood of unseen data affecting their conclusions.

- Many of the studies referenced show no benefit or benefits assessed by NICE themselves as being too small to be of clinical importance.

- In low risk patients, drug treatment has not been shown to significantly reduce mortality.

- In low risk patients, the number of people benefiting by reduction in risk of non-fatal myocardial infarction is balanced by those harmed by increased risk of developing diabetes.

- The economic evaluation has not taken into account the impact in a cash-limited health-care system such as the NHS of the effect that providing this service might have on patients with other problems.

This is now available on the GPC website at:-

<http://bma.org.uk/gpc>

Pharmaceutical Needs Assessment

RMBC Public Health are commencing work on the new assessment. There is a consultation event planned for: -

**Wednesday 13th August
10am – 12pm,
Room G0.5 Birch, Oak
House, Moorhead Way,
Bramley, Rotherham**

Rotherham LMC, LPC, CCG, and representatives from neighbouring HWBs and other local Trusts will be present.

The 60-day formal consultation process is due to start at the beginning of October, subject to board approval, at which point you will have a further opportunity to comment on the assessment.

Problems obtaining palliative care drugs from local pharmacies?

Please let the LMC know.

Prescribing Obligations

Is there any legal obligation to prescribe in minor ailment and self-limiting conditions and also branded products, where the patient has a preference for this and there is a suitable generic equivalent available (such as with emollients)?

Although the key documents, as always, are the contractual regulations and GMC's Good Medical Practice, it's worth noting that the fact that something might be available over the counter is irrelevant if the patient medically requires the treatment. In that case a prescription should be / must be offered.

Sometimes it will be cheaper for a patient to buy, sometimes people might choose to buy rather than bother their doctor.

Sometimes it's worth mentioning to a patient that while they don't "require" treatment, they could try "x". That is a useful route when considering some OTC treatments, but it would absolutely not apply, for example, to a child needing emollients for distressing eczema.

When pressed in situations that are equivocal it's reasonable to give a small prescription - a day or two's supply.

LMC Buying Group

The new website has now gone live! Hard to believe but it was four years since the old one was originally built so it was decided it was time to freshen up the design and streamline the structure. It's still the same web link though:

www.lmcbuyinggroups.co.uk

The main change is that the old numerical usernames and case sensitive passwords will become defunct and the first time a practice uses the new site you have to register with the site but it means you can use your email address and a password of your own choosing to make things easier for subsequent visits. Once registered if you forget your password you can reset it themselves rather than having to report it to the Buying Group.

CQC Registration

The Care Quality Commission (CQC) announced on 16 July that it will work together with the Adult Social Care sector to put together a new regime that will tackle failing care homes through special measures from April 2015.

It has been widely reported that there are plans to also place GP practices into special measures if they are judged to be failing their patients. How any such system might work has yet to be finalised, but the GPC has warned that any such move could unfairly damage patients' trust in their local practice and have stated that the focus should be on long term, sustained investment in

general practice that addresses the fundamental challenges facing GP services. GPC will continue to monitor any changes to the inspection and regulation of practices and meet regularly with the CQC to discuss problems with the current regime.

Spine 2 transition – rescheduled to 22-25 August

The NHS Spine provides the infrastructure that delivers access for GP practices to the Personal Demographics Service (PDS), and enables Smartcard logon and functionality. The Spine also controls the messaging between key applications, such as Electronic Prescription Service (EPS), Summary Care Record (SCR) and Demographics.

The Health and Social Care Information Centre (HSCIC) will be moving Spine from BT to a new platform called Spine 2, which has been developed and will be managed by the HSCIC.

An upgrade to the NHS Spine service had been scheduled for 25-28 July but has now been rescheduled to 22-25 August.

The majority of GP practices will not be impacted by the transition, but weekend users of services such as Choose & Book, the EPS, General Practice Extraction Service, GP2GP and the SCR are advised to read the transition documents available here.

<http://systems.hscic.gov.uk/spine/spine-2-core-transition>

The Spine 2 mailbox can also be contacted with any queries.

PIP Codes

Message from GPC.

Chemist and Druggist (C&D) believe practices are using PIP codes without a valid licence and have been sending final demands insisting on payment. C&D argue that they own the intellectual property rights of PIP codes, which dispensing practices and pharmacies use to order pharmaceutical products electronically from wholesalers, and as such are required to have a valid C&D PIP code licence in order to use their codes.

However, the GPC, the Dispensing Doctors Association (DDA) and NHS England believe that because practices order through a wholesaler, who in many cases have an end user license, they should not be charged again for this licence. Consequently, we agree that practices should not pay any invoices they receive from C&D demanding payment for the PIP licence.

NHS England is monitoring the situation and if practices encounter any problems the GPC is keen to hear from them via info.gpc@bma.org.uk so that we can follow this up.

LMC Meetings

GP constituents are reminded that they are always welcome to attend meetings of the LMC as observers. The Committee meets on the second Monday of every month (except August) in the Board Room at Rotherham General Hospital

NEXT

LMC MEETING

8th SEPTEMBER

COMMENCING

AT 7.30 PM

OFFICERS OF THE LMC

Chairman

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If you have any questions or agenda items, or wish to submit articles

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