

## Newsletter – March 2015

### LMC Meeting 9<sup>th</sup> March 2015

At our last LMC meeting we discussed a range of issues including; smoking cessation, GP capacity, PMS premium re-investment, Rivaroxavan DVT pathway and the mental health transformation plan including Proposed Dementia Care Pathway.

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### Pregabalin Guidance

You will have seen the guidance from the CCG circulated on 6<sup>th</sup> March 2015. This states that Pregabalin should only be prescribed for the treatment of neuropathic pain under the brand name Lyrica unless there are clinical contra-indications or other special clinical needs e.g. patient allergic to an excipient, branded product unavailable etc. The advice has been issued due to a patent dispute with Warner-Lambert LLC.

The LMC are dismayed at the way the GPC have supported NHSE on this issue which has a further impact on GP workload. They feel that GPs should be able to prescribe generically and leave the matter of product for pharmacists to determine. Whilst GP constituents are advised to follow the guidance, the LMC will continue with ongoing discussions with the GPC.

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### Areas of prescribing devolved from GPs

Following discussions with Medicines Management it has been confirmed that the following areas have been devolved from GPs:-

- Nutrition sip and tube feeds
- Nutrition Gluten Free products
- Nutrition Specialist baby milks and low protein feeds (PKU)
- All continence appliances
- All stoma appliances

This is the only CCG in England where GPs do not have to prescribe these products. The following areas are under review:-

- Wound care. Work is ongoing and all wound care products will be removed from GP prescribing over the next 6-12 months. The rate limiting step is District Nurse reorganisation
  - Hosiery. The Tissue Viability Nurses are open to the idea of taking this over. Further work is needed on reviewing this.
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### Free Prescriptions

Following a recent complaint by a practice patient, the LMC note it is good medical practice for GPs and health care professionals to inform patients that they are eligible for free prescriptions.

However, it is the patient's responsibility to ask for an exemption certificate as recommended in the guidance by the BMA. Where a patient ticks the box on the back of the prescription to claim that they have a valid medical exemption certificate the pharmacy staff should actually verify this.

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### Choose & Book

The LMC feel it is not appropriate for services to be insisting on only receiving referrals via choose and book. (The MSK service) There are multiple reasons why a C&B referral might not happen. The CCG have considered resourcing more comprehensive C&B use but, until they do, practices cannot be compelled to use it.

The issue MSK are facing is that they are unable to do forward referrals on their IT system if no C&B created by GPs (for paper referrals). The C&B issues faced by MSK team are being looked at by CCG/IT and some discussions have already happened

In the meantime the LMC have been advised that non C&B causes difficulty for MSK so please use C&B as much as possible. Referrals shouldn't be bounced so please let us know if they are.

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## CQC guidance

GPC has issued two separate pieces of guidance on the CQC registration and inspection procedure

- Guidance on CQC inspections for GP practices
- Guidance on CQC registration

There will be additional detailed guidance on how to prepare for and deal with a CQC inspection, which will be available on the BMA website shortly.

<http://bma.org.uk/practical-support-at-work/gp-practices/service-provision/care-quality-commission/cqc-inspection>

## Personal Independence Payment (PIP) and Disability Living Allowance (DLA) claimants

From 23 February 2015 the DWP will extend the areas in which existing DLA claimants will start to be reassessed for PIPs.

The DWP has said consistently that it would take a controlled approach to the introduction of PIP, including the reassessment of existing DLA claimants, continuously learning lessons from live running. In the areas chosen to extend the natural reassessment rollout, the assessment provider has sufficient local capacity to handle the increased volumes. Extending rollout in this gradual way ensures that the DWP can continue to focus on reducing delays and improving the service to claimants. DWP will continue to monitor progress before making any decisions on

extending natural reassessment further.

Existing DLA claimants who have a lifetime or indefinite DLA award will not be affected until at least October 2015.

## 'Need to Know' Neurology

An update for GPs  
Tuesday 19 May 2015  
Harrogate International Centre

The course is designed to cover key topics in neurology for GPs and any physician seeing patients with neurological disorders. Nationally renowned speakers coming to Harrogate to attend the ABN Annual Meeting will share their expertise.

Registration: [www.abn.org.uk](http://www.abn.org.uk)

## Expert witness conference

The expert witness conference will be held on Wednesday 22<sup>nd</sup> April at BMA, House, Tavistock Square, London.

This year the conference will include presentations on:

- the legal profession's expectations of doctors as expert witnesses
- good and bad practice in report-writing
- setting fees and charging appropriately

The conference costs £168 for BMA members (including VAT) and £300 for non-members (including VAT).

To register online and for further information, please click on the following:-

<http://bma.org.uk/events/2015/april/essential-knowledge-for-the-expert-witness>

## LMC Meeting

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**

**13<sup>th</sup> APRIL**

**COMMENCING**

**AT 7.30 PM**

## OFFICERS OF THE LMC

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