MAY 2017
NO. 1

SOUTH STAFFORDSHIRE LMC NEWS

Website: www.sslmc.co.uk E-mail: enquiry@sslmc.co.uk

Contents

FURTHER CHANGES TO THE HOSPITAL CONTRACT 2017 - 2019

The new changes to the 2017-19 hospital contract are designed to further reduce inappropriate workload on GP practices, and also improve patient care across the primary/ secondary care interface as follows:

1. Hospitals to issue Fit Notes, covering the full period until the date by which it is anticipated that the patient will have recovered.
2. Hospital Trusts to respond to patient queries for matters relating to their care rather than asking the patient to contact their GP. This would put an end to a culture spanning decades of patients being told to "see your GP" for a host of issues that should clearly be the responsibility of secondary care - such as queries regarding hospital test results, treatment and investigations, or administrative issues regarding follow up, or delays in appointments etc. The new contract requires that the provider must respond to patients, as well as GP queries, "promptly and effectively to such questions and that these are publicised using all appropriate means, including in appointment and admission letters and on the provider's website; and deal with such questions themselves, not by advising the patient to speak to their referrer."
3. Hospitals must not transfer management under shared care unless with prior agreement with the GP. GPs should not therefore be asked to prescribe specialist medications by virtue of a hospital letter or instruction alone. Any such shared care arrangement must be explicitly agreed first by the GP based on if s/he feels competent to do so, and which may include being resourced to do this as a locally commissioned service.
4. Hospital clinic letters to be received by the GP within 10 days from 1 April 2017, and within 7 days from 1 April 2018. This will reduce significant wasted appointments when patients specifically see a GP following an outpatient clinic appointment, but without us having the relevant clinical information to manage the patient, often requiring the patient to rebook another appointment.
5. Issuing medication following outpatient attendance at least sufficient to meet the patient's immediate clinical needs until their GP receives the relevant clinic letter and can prescribe accordingly. This addresses an increasing phenomenon of patients turning up at a GP surgery sometimes almost immediately after a hospital appointment for an outpatient initiated prescription, and with the GP pressurised to prescribe without relevant clinical information, and with clinical governance risks.

Remember these changes are not recommendations but contractual requirements, and therefore if hospitals do not abide by these standards they are in breach of their contract.

IR35 TAX AVOIDANCE LEGISLATION

It is important to note that IR35 only applies where locums, or other individuals, are engaged via an intermediary. IR35 does not apply to genuine self-employed locums providing their services directly to practices.

Under the new rules, the responsibility for determining whether IR35 is applicable is shifting from the intermediary to the public sector body, or recruitment agency, if it uses one to engage the locum. This means that public sector bodies, including GMS and PMS practices and agencies will now be responsible for deducting tax and NIC from any payments made to the intermediary supplying a locum, where they deem IR35 applies. This will require additional administration by the practice for processing PAYE as well as bearing the cost of employer NICs.

If practices do not deduct tax and NICs from a locum who should have been considered to be within IR35 rules, this could result in HMRC requesting the practice pays back any taxes and NICs due as well as penalties. These taxes could

be clawed back on payments as far back as 6 April 2017 when the new rules will have taken effect.

DOLS LEGISLATIVE CHANGE

From Monday 3rd April 2017 patients who die while subject to an authorisation under the Deprivation of Liberty Safeguards (DoLS) no longer require automatic referral to the Coroner. This is following an amendment of the Coroners and Justice Act 2009.

SSLMC is currently working with Andrew Haigh, Staffordshire Coroner to design a simple electronic form for reportable deaths, which aims to minimise the administrative burden to GPs.

DEREGISTRATION OF VIOLENT PATIENTS (PARA 21)

If a practice wishes to deregister a violent, aggressive, or threatening patient, they should report the incident to the Police. The Police will issue an incident number, which should be retained. The Police do not have to physically attend the practice, and in most cases this will not be necessary or a good use of Police time.

To request the immediate removal of a violent or aggressive patient from the practice list, practices should email: PCSE.immediateremovals@nhs.net

In general terms the reason for deregistration reflects the actions and/or behaviour of an individual patient, and therefore does not justify the concurrent removal of other members of a patient's family.

STATEMENT OF FINANCIAL ENTITLEMENT

Further to the recent updated SFE in April 2017, the LMC can now confirm the following:

In respect of payments for GP performers covering **Maternity Leave**, the cover can be provided by a GP or GPs already employed or engaged by the contractor ('practice'). The maximum amount payable for locum cover is:

£1,131.74 per week, in respect of the first two weeks
£1,734.18 per week, in respect of any week thereafter.

Reimbursements are not to be paid on a pro-rata basis having regard to the absent performer's working pattern; and are to be whichever is the lower of the invoiced costs or the maximum amount payable in respect of any week.

In respect of payments for GP performers covering **Sickness Absence**, the contractor ('practice') may necessarily engage an external locum or use the services of a GP performer who is already employed or engaged by the contractor, or more than one such person.

The maximum amount payable is now £1,734.18 per week and will be only be paid after the first two weeks period of each period of leave of absence, and will not be pro rata. After that, the maximum periods in respect of which payments under this section are payable in relation to a particular GP performer in respect of any such period are:

(a) 26 weeks for the full amount of the sum that the board has determined is payable; and
(b) a further 26 weeks for half the full amount of the sum the board initially determined was payable.".

INDEMNITY PAYMENT BRIEFING

As part of the 2017/18 GMS contract agreement, practices will receive a payment of **51.6p per patient** based on their registered list as at December 2016.

These payments will be made to practices on the condition that, where principal and salaried GPs are paying for part or all of their indemnity costs, the practice will reimburse to them, from the payment received, an appropriate proportion of the amount which the GP has paid for their cover. The reimbursement amount should be based on the proportion of GMS services which the GP is providing for the practice.

It is recognised that every practice will have its own arrangements in place. In some practices, GPs are responsible for paying the entirety of their own indemnity costs. In some, part or all of the indemnity costs for GPs at the practice are paid for by the practice/reimbursed by the practice. Therefore, each practice will need to allocate payment to its GPs which is equitable and proportional based on their circumstances.

COMMUNITY PROVIDER PRESCRIBING

Some employers of community nurses ask GPs to fill in administration charts before allowing a nurse to give a drug. This must be viewed as discretionary, as it is not a legal requirement if a prescription providing detailed instructions has been provided.

Providing a prescription therefore makes it legal for anyone to administer the medication, and providing a prescription fulfils a GP's terms of service. If an employer of a nurse wants, for their own governance procedures, a separate administration chart then it is up to them to provide it. They could either do this by themselves by transcribing from the prescription, or by asking the GP to do it, in which case the GP would be entitled to ask for a fee, as they would be providing a service to the employer of the nurse.

A further issue is that where a red-list drug is used, the LMC and GPC would strongly advise that the prescriber and not the GP completes any administration chart.

ELECTION UPDATE

The LMC is please to announce that **Dr Mark Bermingham** of Gnosall Surgery has been appointed Executive Officer to the LMC.

The LMC would also like to welcome **Dr Gerbo Huisman** of Darwin Medical Practice and **Dr Nik Mann** of Aldergate Medical Practice who have been elected to our main committee.

THE LMC HAS MOVED

Please note that South Staffordshire LMC has moved to new offices in Lichfield. Our new address is:

Suite 2 Windsor House
Windsor Business Park
Trent Valley Road
Lichfield
WS13 6EU

Tel: 01543 897272

Dr Gulshan Kaul
LMC Secretary

DATES OF NEXT MEETINGS

25 May	Edric House, Rugeley	**LMC**
6 July	Edric House, Rugeley	**NHSE**

The meetings with the **LMC** are for the full committee of LMC members without NHSE.

The meetings with **NHSE** are for the LMC Executive and NHSE alone.

LMC MEMBERS

The following is a list of current members of the South Staffs LMC

Dr G Kaul (Secretary)	01543 414311
Dr V Singh (Chairman)	01543 870580
Dr P Gregory (Executive member)	01543 682611
Dr P Needham (Executive member)	01283 565200
Dr T Scheel (Executive member & Treasurer)	01283 845555
Dr M Bermingham (Executive member)	01785 822220
Dr O Barron	01889 562145
Dr J Eames	01785 815555
Dr G Huisman	01543 412980
Dr N Mann	01827 219843
Dr E Odber	01827 219843
Dr A Parkes	01827 68511
Dr A Selvam	01543 571650
Dr H Skinner	01283 812210
Dr H Zein-Elabdin	01922 702240

DR V SPLEEN

Dear reader

Life in the NHS after Brexit!

I was really excited to believe that our struggling NHS will now get a £350 million per week boost as promised by EU Leave campaigners. But I hear this might not happen. Then again it's nothing unusual in our NHS. I did not get any of £5 per patient promised two years ago either!

My other expectation was, now that we have a new Prime Minister, the 7 day NHS fever will die down. This too now seems to be my wishful thinking. I should have realised that the cabinet has changed, not the health secretary!

Perhaps the General Election announcement may bring some relief? But I have no more fingers or toes to cross!

No help for recruitment either, as fewer doctors will come from the continent. I hope doctors/nurses from outside the EU can contribute.
With the falling pound, my holiday is going to cost more and with rising locum costs, I may have to limit my overseas holidays. I shall now be considering trips to Blackpool and play bingo instead!

I am still however optimistic. Despite the general disbelief, the stock market has shown promise, and there is guarded optimism for our economy. I do hope that our ailing NHS will get some dividend from this and survive.

Should this happen, never mind Brexit, I might opt for NHSexit!

Venture

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