# SHEFFIELD LOCAL MEDICAL COMMITTEE NO COMMITT

#### **INSIDE THIS ISSUE:**

CHRISTMAS AND NEW YEAR OPENING HOURS: GP PRACTICES

AVOIDING UNPLANNED ADMISSIONS CARE PLAN REVIEWS

CALCULATING QUALITY REPORTING SERVICE (CQRS) ISSUES

PATIENT REGISTRATION FOR GP PRACTICES

SELF CARE FOR PATIENTS

CONFIDENTIALITY GUIDANCE: CONSULTATION

DEPARTMENT OF WORK AND PENSIONS (DWP) REPORTS: PATIENT CONSENT

PRESSURES IN GENERAL PRACTICE

-000--000--000--000--000--000--000--000--000--000--000--000-

**WORKLOAD PRESSURES SURVEY** 

AUDIT OF RESEARCH REQUESTS
PENSION SCHEME FINAL PAY CONTROLS

GP FEDERATIONS REGISTRATION REQUIREMENTS

CARE QUALITY COMMISSION (CQC) TOOLS FOR GP PROVIDERS

**VANGUARDS AND NEW MODELS OF CARE** 

REDUCING ANTIMICROBIAL RESISTANCE: E-LEARNING PACKAGE

CROSS-BORDER EU HEALTHCARE DIRECTIVE

SESSIONAL GPS E-NEWSLETTERS

LMC OFFICE CHRISTMAS/NEW YEAR OPENING 2015/16

# CHRISTMAS AND NEW YEAR OPENING HOURS: GP PRACTICES

NHS England issued a template letter to Regional Teams regarding Christmas and New Year Opening for GP Practices. This was designed to be adapted locally and signed prior to distribution to GP practices in level 1 and 2 co-commissioning Clinical Commissioning Group (CCG) areas. As such, all Sheffield GP practices should have received a letter dated 17 November 2015, signed by Karen Curran, Head of Co-commissioning, NHS England North (Yorkshire & the Humber).

A number of concerns have been raised with the LMC and the General Practitioners Committee (GPC), particularly in relation to Christmas Eve and New Year's Eve afternoons. In view of this, the LMC sought and received assurances from Sheffield GP Collaborative that they will be providing a normal Thursday service

for the practices contracted with them on those dates. The GPC has issued a reminder that their guidance from previous years is still available and should be read in conjunction with the NHS England letter:

http://bma.org.uk/support-atwork/gp-practices/serviceprovision/gp-services-duringholiday-period

The Care Quality Commission (CQC) has also issued a mythbuster on opening hours:

http://www.cqc.org.uk/content/nigels-surgery-55-opening-hours

-000-

# AVOIDING UNPLANNED ADMISSIONS CARE PLAN REVIEWS

Following a number of queries about how often the care plan for the Avoiding Unplanned Admissions (AUA) enhanced service needs to be

for the practices contracted with them on those dates. The GPC has published the following FAQ:

How often does a care plan need to be reviewed for patients remaining on the AUA register from previous years?

Practices are expected to review a patient's care plan at least once during 15/16. The service specification requires that a review is carried out within 12 months of the creation or last review of the care plan and the Business Rules are structured to look back 12 months, therefore the data collection at the end of September 2015 looked back to 1 October 2014, and for the March 2016 collection it will look back to 1 April 2015.

Practices should review care plans more often if appropriate to the patients, but care plans must be reviewed at least once in a rolling 12 month period in order to meet the criteria for payment.

Page 1 of 4

Z:Newsletters/NLDecl5

All the AUA FAQs are available in the Enhanced Services FAQs section of NHS Employers' website:

http://www.nhsemployers.org/yourworkforce/primary-carecontacts/general-medicalservices/faqs-and-queries/esfaqs#AUA

Despite the above, the LMC has been made aware of continued concerns with this enhanced service, including read code changes, the need to manually input records of patient deaths, confusion over two extractions for EMIS practices and searches not ensuring that codes were extracted in the correct order. As such, we continue to liaise with the GPC and will be taking this up with the local NHS England team.

#### -000-

# CALCULATING QUALITY REPORTING SERVICE (CQRS) ISSUES

The LMC continues to receive reports of unmanageable workload and potential loss of income due to failed data extractions, the need to input data manually, read code changes, ambiguous service specifications etc.

The majority of these concerns centre around CQRS and, in view of these ongoing issues, Sheffield CCG is collating the views and concerns of practices. The CCG wishes to support practices and the LMC by understanding the current issues practices are facing. We would ask that practices email their experiences to the CCG, in order for the LMC and CCG to be able to form a clear picture of the scale of the problem. Please email Stefanie Barringer via: stefaniebarringer@nhs.net.

#### -000-

## PATIENT REGISTRATION FOR GP PRACTICES

Further to the article in the November LMC Newsletter noting the availability of recently issued guidance from the GPC on this issue (http://bma.org.uk/support-at-work/gp-practices/service-provision/patient-registration-for-gp-practices), NHS England has also issued guidance, available at:

https://www.england.nhs.uk/commissioning/wp-

content/uploads/sites/12/2015/11/pat-reg-sop-pmc-gp.pdf

NHS England's guidance clarifies that patients do not legally need to provide documentary evidence of identity, immigration status or proof of address to register with a GP. Practices should not refuse registration on such grounds and there is no contractual duty to seek such evidence. This approach is supported by the GPC.

#### -000-

#### SELF CARE FOR PATIENTS

As many of you will be aware, the British Medical Association (BMA) published guidance, FAQs and a blog to coincide with self care week (16-22 November), which provided some easy tips for patients on how best to self care, such as:

- colds, flu and most sore throats do not need antibiotics and can be treated at home:
- 2. order repeat prescriptions and book your flu jab in good time;
- 3. get advice from your pharmacist;
- 4. check online for information and advice.

The LMC would like to take the opportunity to highlight this as an ongoing useful source of information for practices and patients:

http://bma.org.uk/working-forchange/improving-and-protectinghealth/self-care

Further advice and resources for practices are available on the Self Care Forum website:

http://www.selfcareforum.org/events/self-care-week-resources/

#### -000-

### CONFIDENTIALITY GUIDANCE: CONSULTATION

The General Medical Council (GMC) has launched a public consultation on its revised draft guidance on confidentiality:

http://www.gmc-

uk.org/guidance/news\_consultation/c onfidentiality2016.asp

The guidance reviews the seven explanatory statements that give  $\frac{1}{2}$ 

more detailed advice on how to apply the principles in the confidentiality guidance to situations that doctors often encounter, or find hard to deal with. The GMC press release specifically draws attention to a doctor's duty to disclose information to the DVLA where a patient continues to drive against medical advice.

The consultation closes on 10 February 2016.

#### -000-

#### DEPARTMENT OF WORK AND PENSIONS (DWP) REPORTS: PATIENT CONSENT

Senior DWP Officials have recently made the GPC aware that some GPs are insisting on sight of the written consent for reports for the DWP and their agents.

The General Medical Services (GMS) and Personal Medical Services (PMS) Regulations require GPs to accept the assurance of the DWP and its agents that there is consent.

In addition, GMC guidance states "you may accept an assurance from an officer of a government department or agency or a registered health professional acting on their behalf that the patient or a person properly authorised to act on their behalf has consented."

http://www.gmc-

uk.org/guidance/ethical\_guidance/co nfidentiality\_24\_35\_disclosing\_infor mation\_with\_consent.asp

#### -000-

## PRESSURES IN GENERAL PRACTICE

The King's Fund recently hosted a conference "Pressure points: how can we support primary care to cope with growing demand?" and has made the presentations given on the day available:

http://www.kingsfund.org.uk/events/pressure-points-how-can-we-support-gps?utm source=The%20King%27s%20Fund%20newsletters&utm\_medium=email&utm\_campaign=6512912\_The%20Weekly%20Update%203%20December%202015&utm\_content=GPeventbutton&dm\_i=21A8,3VLE8,J2XAGX,DZ6FI.1

Z:Newsletters/NLDecl

Practices may find the three listed in the first session of particular interest, as well as one of the breakout

streams sessions: GP activity and demand: interim findings

http://www.kingsfund.org.uk/sites/files/ kf/media/Beccy%20Baird.pdf

Supporting GPs to deal with mounting pressures http://www.kingsfund.org.uk/sites/files/ kf/media/Maureen Baker.pdf

Supporting practice managers http://www.kingsfund.org.uk/sites/files/ kf/media/Shirley Cramer Supporting p ractice managers.pdf

Pharmacists take pressure of GPs http://www.kingsfund.org.uk/sites/files/ kf/media/Ravi\_Sharma\_Pharmacists\_Ta ke Pressure off GPs.pdf

The conference is one component of a project the King's Fund launched earlier this year to assess current pressures in general practice. You can read more about it via the links

http://www.kingsfund.org.uk/projects/pr essures-in-general-practice

http://www.kingsfund.org.uk/blog/2015/ 12/assessing-demand-and-supplygeneral-

practice?utm source=The%20King%27 s%20Fund%20newsletters&utm\_mediu m=email&utm\_campaign=6512912\_Th e%20Weekly%20Update%203%20Dec ember%202015&utm\_content=Beccybl ogimage&dm i=21A8,3VLE8,J2XAG X.DZ6FI.1

#### -000-

#### WORKLOAD PRESSURES SURVEY

The GPC is surveying GP practices workload pressures. responses will help with a mapping exercise to develop a broader picture of the pressures practices are currently facing. Following sustained lobbying by the GPC, unprecedented pressures faced by GP practices are at last being recognised by politicians, policy makers and the media. As part of a range of activities, the GPC is looking at new ways to illustrate some of the current issues. This will include an online map to be published on the BMA website, highlighting areas of England, Scotland and Wales where practices are struggling

workload, recruitment, retention and financial viability. The map will help to show the current state of general practice and quantify the scale of the problems faced.

As part of this, the GPC is asking practices to complete a short online survey that will take less than two minutes to complete, via:

https://www.surveymonkey.co.uk/r/ KSZJN37.

Practices are asked to provide their post code and the name of their CCG, so that responses can be mapped across CCG areas and parliamentary constituencies.

Please note that no individual practices will be identified.

The GPC is seeking one response per practice, and will need to receive all responses by Wednesday December.

#### -000-

#### **AUDIT OF** RESEARCH REQUESTS

The BMA's Ethics Department is seeking GP practices who are willing to provide examples of requests for patient information that they receive from researchers. This is to help them work with the Health Research Authority (HRA) to develop a set of standards for researchers, which will hopefully reduce the work required for GP practices to comply with requests for research.

Researchers regularly approach GP practices to provide patient support information or recruitment for research projects. The BMA has been made aware that there can be gaps in the information provided in these requests, which can leave doctors unsure if they would meet their legal and professional obligations if they complied with the request. GPs would often like to support research, but are unable to because they do not have time to find out the additional information they need.

The standards the BMA developing with the HRA will inform researchers about when it is appropriate to contact GPs with requests for information, and what information to include. To do this. the BMA needs to know more about the nature of the requests that practices currently receive. For example, they would like to know what kinds of people or organisations are making these requests, what type of research they are doing, and what kind of information and/or support they are requesting from the practice.

The BMA is seeking the help of any GP practice that is willing to send photocopies of all requests for information that they receive from researchers between now and 29 Jan 2016. If you are interested in helping, or would like more information, please contact Hannah Quigan via hquigan@bma.org.uk or 020 3058

#### -000-

#### PENSION SCHEME FINAL PAY CONTROLS

Practices may be aware that final pay controls were introduced this year for those in the 1995 NHS Pension Scheme. As a result of these controls, a penalty may be applied to an NHS Employing Authority, including GP practices, where a scheme member is awarded an increase to pensionable pay which exceeds CPI plus 4.5% and where this increase will be included in the calculation of the best of the last 3 years pensionable earnings increase. Guidance and working examples can be found on the BMA website at:

http://bma.org.uk/support-atwork/pensions/final-pay-controls

#### -000-

#### **GP FEDERATIONS** REGISTRATION REQUIREMENTS

The CQC guidance on CQC registration requirements for GP practices working together as part of federations has recently been updated and can be accessed via:

http://www.cqc.org.uk/sites/default/fi les/20151112 GP federations regist ration\_advice\_revised.pdf

The guidance aims to help groups of registered providers who wish to form a federation to understand their duties in regard to CQC registration. The guidance summarises the issues that federations should consider and provides case studies to illustrate different registration scenarios.

In addition, the CQC National GP advisor. Nigel Sparrow, discussed what the guidance means in a new mythbuster:

http://www.cqc.org.uk/content/nigels -surgery-59-registering-federation-<u>update</u>

-000-

#### **CARE QUALITY COMMISSION** (CQC) TOOLS FOR GP **PROVIDERS**

The CQC has recently published the following tools for GP providers:

Introduction to guidance for GP practices: This new web-page gives a brief overview of the inspection process and sign-posts to essential and recommended reading:

http://www.cqc.org.uk/content/introd uction-guidance-gp-practices

Examples of inadequate practice from our GP inspections: This new web-tool highlights the common features of inadequate practice that CQC has found in their inspections

http://www.cqc.org.uk/content/whatdoes-inadequate-practice-lookexamples-our-gp-inspections

-000-

#### VANGUARDS AND NEW **MODELS OF CARE**

On Monday 16 November, the BMA brought together members and key stakeholders in Yorkshire to discuss plans to integrate services and providers. The panel consisted of leaders from local 'vanguard' sites which are testing the new care models outlined in the Five Year Forward View. The event was webcast and is available to watch online via:

http://www.bma.publici.tv/core/portal/webcast interactive/1

-000-

#### REDUCING ANTIMICROBIAL RESISTANCE: E-LEARNING **PACKAGE**

As part of the 5 year antimicrobial resistance strategy, Health Education England has produced an e-learning package to help healthcare staff

understand the threats posed by antimicrobial resistance:

http://www.e-

lfh.org.uk/programmes/antimicrobial <u>-resistance/</u> (select the open access session).

The updated Health & Social Care Act Code of Practice now contains 'Antimicrobial stewardship' (AMS), defined as 'an organisational or healthcare-system-wide approach to promoting and monitoring judicious use of antimicrobials to preserve future effectiveness' their "Providers recommends should ensure that all prescribers receive induction and training in prudent antimicrobial use and are familiar with the antimicrobial resistance and stewardship competencies."

-000-

#### CROSS-BORDER EU HEALTHCARE DIRECTIVE

Directive 2011/24/EU1 on application of patients' rights in cross-border healthcare came into force on 24 April 2011 and was to be transposed by Member States by 25 October 2013. The BMA has recently issued a briefing paper to clarify the aims of the Directive and the implications for clinicians. A copy of the briefing paper can be downloaded from the LMC website at:

http://www.sheffield-

lmc.org.uk/OG15/CrosssborderEU HealthcareDirective.pdf

-000-

#### SESSIONAL GPS E-**NEWSLETTERS**

The November edition of Sessional GPs e-newsletter available on the BMA website at: http://bma-mail.org.uk/t/JVX-3T7XL-1BJCJOU46E/cr.aspx

The main articles include:

- Proud to be a sessional GP?
- What to do when a patient complains.
- Your FGM obligations.
- Revalidation advice from the GMC.
- Top tips for preventing a bad day.
- GP fees increase the 'final straw'.
- Ofsted-style ratings a waste of
- Flu jabs for locums.

The December edition of the Sessional GPs e-newsletter available on the BMA website at: http://bma-mail.org.uk/t/JVX-3WGW4-1BJCJOU46E/cr.aspx

The main articles include:

- Representing you at the special LMC conference:
- I'm a locum can I call in sick?
- Want to work extra OOH shifts this winter?
- In search of a second opinion.
- The phantom visit forgetful patient or confused GP?
- What every locum GP needs to know about clinical IT systems.
- When things aren't adding up: prescribing miscalculations.
- Appraisals and revalidation tips for sessional GPs.

-000-

#### LMC OFFICE CHRISTMAS/NEW YEAR **OPENING 2015/16**

Please note the following LMC Office opening times over the Christmas/New Year period:

Monday 21 Dec:	0900-1600 hrs
Tuesday 22 Dec:	0900-1600 hrs
Wednesday 23 Dec:	0900-1600 hrs
Thursday 24 Dec:	0900-1245 hrs
Friday 25 Dec:	Closed
Monday 28 Dec:	Closed
Tuesday 29 Dec:	0900-1600 hrs
Wednesday 30 Dec:	0900-1600 hrs
Thursday 31 Dec:	0900-1245 hrs
Friday 1 Jan:	Closed
•	

-000-

Please forward any articles, comments etc for inclusion in the LMC newsletter to the LMC office via email to:

manager@sheffieldlmc.org.uk

**Articles for the January** edition to be received by Friday 8 January

**Further submission deadlines** can be found at:

http://www.sheffieldlmc.org.uk/Newsletters14/VB a nd\_Newsletter\_Deadlines.pdf

Page 4 of 4