

SHEFFIELD LOCAL MEDICAL COMMITTEE

Newsletter

JULY 2015

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PERSONAL MEDICAL SERVICES (PMS) CONTRACT REVIEWS

The General Practitioners Committee (GPC) recently published *Focus on PMS reviews and transition to GMS*. This was emailed to all Sheffield PMS Practice Managers and can also be downloaded from the LMC website at:

http://www.sheffield-lmc.org.uk/OG15/gpcontract_pms_transtition_gms_contracts.pdf

David Savage, LMC Secretary, recently met with representatives from a number of PMS practices to discuss their concerns around the likely impact of the removal of the PMS premium. The LMC is working with Sheffield CCG to look at how the premium can be reinvested into general practice in Sheffield, and is working with practices to address issues of service continuity and practice viability.

Updates on progress will be shared with practices, either via the LMC Newsletter where applicable to all Sheffield practices, or via email to

PMS Practice Managers where issues relate solely to PMS practices. It would be appreciated if PMS Practice Managers could assist this process by sharing these communications with the doctors in their practice.

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CARR-HILL FORMULA REVIEW

NHS England has started its work to review the Carr-Hill Formula. This will probably be a challenging piece of work which is unlikely to conclude before next year. Any recommended changes from the review would then need to be negotiated with the British Medical Association (BMA) before being made.

The GPC has formally raised their concerns that the review will distract from the real funding problem facing all practices, which is inadequate overall investment in primary care. They have also pointed out the risk of destabilising practices if changes are made to the formula without

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sufficient additional investment. Nevertheless, the review may be able to use up-to-date information to identify areas in which the current formula is failing some practices. They have urged NHS England to include in the review's remit the particular needs of practices with atypical patient populations and consideration of an off formula component to cover basic practice running costs.

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JEREMY HUNT'S 'NEW DEAL FOR GPs'

As you will be aware, The Secretary of State recently announced his 'new deal for GPs', in which he has set out plans to boost the general practice workforce by 5,000 more GPs and increase investment in surgeries and services. In return he is asking GPs to work towards offering appointments seven days a week. The main areas covered in the speech are:

- Pressures facing general practice;
- Workforce;

- Infrastructure;
- Reducing bureaucracy;
- Support for struggling practices;
- Assessing quality of care;
- Seven day access;
- Other demands from general practice.

The Department of Health transcript of the speech is available online at: <https://www.gov.uk/government/speeches/new-deal-for-general-practice>

The GPC has issued guidance *Focus on the Government's 'new deal for general practice'*, which provides an overview and brief analysis of the 'new deal for general practice' as set out in the speech. A copy of the guidance can be downloaded from the LMC website at: http://www.sheffield-lmc.org.uk/OG15/Focus_on_the_Governments_new_deal.pdf

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MENTAL HEALTH ASSESSMENT FEES

Following lengthy negotiations, Sheffield Clinical Commissioning Group (CCG) has acknowledged that the fee paid to Sheffield GPs for mental health assessments is lower than in surrounding areas. Therefore, with immediate effect the fee has been uplifted as follows:

- Consultant or specialist work, including work carried out by a practitioner approved under Section 12(2) of the MHA 1983: £176.84.
- Other medical work: £54.84.

The fees have not increased for many years and are still considerably lower than in some neighbouring areas. However, the CCG has agreed to review these on an annual basis.

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MEDICAL INDEMNITY

The GPC has been made aware of problems GPs have been experiencing with the Medical Defence Organisations (MDOs). There was also a clear message from the Annual Conference of LMCs that this is a significant problem, both in and out of hours.

The GPC has been in regular discussions with the MDOs and NHS England about this issue and has discussed a number of possible solutions - though there seems to be no clear way forward at the moment for a variety of reasons. Anecdotes about costs and limitations of cover have been fed back to the MDOs and it is clear that there is a disconnect with their position and what individual GPs are being told. With the changes in working patterns and arrangements in general practice over the past few years there is an issue with MDOs setting costs, as they have little experience of the number and type of claims arising from this work. This is an area that will need significant work going forward.

The GPC is collecting examples of indemnity costs and restrictions on work to take direct to the MDOs and would be grateful for GPs' assistance in collecting this information. If you have any examples please can you forward details - including names and organisations - to Dean Marshall via wdeanmarshall@btinternet.com, copying Sheffield LMC in via manager@sheffieldlmc.org.uk.

The GPC is planning to organise a symposium on Medical Indemnity in the next few months to which the MDOs, NHS England and NHS Litigation Authority will be among the invitees. This will allow a detailed discussion of the problem and identify possible solutions and agree action which needs to be taken by all parties.

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DUTY OF CARE REGARDING COMMUNICATION OF INVESTIGATION RESULTS

The GPC has been made aware of some hospital doctors instructing GPs to find out the test results which the hospital had ordered.

The GPC and the Consultants Committee of the BMA agree this practice is potentially unsafe, and that the ultimate responsibility for ensuring that results are acted upon, rests with the person requesting the test.

Responsibility can only be delegated to someone else if they accept by prior agreement. Handover of responsibility has to be a joint

consensual decision between hospital team and GP. If the GP has not accepted that role, the person requesting the test must retain responsibility. This advice is in line with both National Patient Safety Agency guidance and the Ionising Radiation (Medical Exposure) Regulations.

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DUTY OF CARE REGARDING DRUGS RECOMMENDED FROM OUTPATIENTS

Communication of prescribing recommendations from out-patient clinics to patients and their GPs is a complex area where patient safety can be compromised.

The GPC strongly recommends that policies are agreed and publicized and adhered to by all parties. These policies should include the following general principles:

- Drugs required for urgent administration should be prescribed by the hospital doctor, and if appropriate dispensed by the hospital.
- Responsibility for the provision of a prescription for non-urgent medications should be determined and agreed locally, but must recognise that delegation of responsibility for prescribing from hospital to GP can only take place with the explicit agreement of the GP concerned.
- All communications should be in writing with the responsible doctor identified.
- Where communications are sent via the patient, there should be clear instructions to the patient regarding the timescale for completion of the prescription, and this should be in addition to and not instead of a formal communication.
- The doctor recommending a prescription should ensure that the prescription is appropriate, including carrying out any tests required to ensure safety.
- The doctor recommending a prescription should provide counselling for the patient about important side effects and precautions, including any need for ongoing monitoring, which if needed should be agreed

between primary and secondary care clinicians.

- Recommendations should be in line with any agreed local formularies. Individual judgements should be made about the desirability of recommending a particular drug as opposed to a therapeutic class.
- Where a GP feels that a prescription recommendation is inappropriate, the secondary care clinician should be informed.
- Notwithstanding any of the above, all prescribers must be aware that the ultimate responsibility for the prescription lies with the prescribing doctor and cannot be delegated.

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FEMALE GENITAL MUTILATION (FGM) GUIDANCE

The BMA Medical Ethics department is currently in the process of updating the BMA's FGM guidance (dated 2011), but is awaiting secondary legislation on mandatory reporting and the FGM statutory guidance consultation. The current guidance is available via:

<http://bma.org.uk/-/media/files/pdfs/practical%20advice%20at%20work/ethics/femalegenitalmutilation.pdf>

In addition, Health Education England has just produced an e-learning tool which had Royal College of General Practitioners (RCGP) input. The tool, which includes an introduction, communication skills for FGM consultations, legal and safeguarding issues, presentation and management in children and young women, presentation and management in women and around pregnancy, can be accessed via:

<http://www.e-lfh.org.uk/programmes/female-genital-mutilation/>

Some of the material from this has been packaged into a DVD for GPs and has just been sent out to all GP practices in England in a *Female Genital Mutilation Resource Pack*. Any questions about the resource pack should be directed to FGM@dh.gsi.gov.uk.

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REMOVAL OF PATIENTS FROM GP LISTS

Updated guidance has been published on the BMA website covering the situation where a violent patient needs to be removed from the practice list. In particular it emphasises the responsibility of the practice to ensure a violent patient is removed in accordance with the provisions introduced in 1994 allowing the immediate removal of any patient who has committed an act of violence or caused a doctor to fear for his or her safety, so as to reduce their liability for any further acts of violence committed by the individual on other NHS premises.

The guidance can be accessed via: <http://bma.org.uk/practical-support-at-work/gp-practices/service-provision/removal-of-patients-from-gp-lists>

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RENT REIMBURSEMENTS FOR LEASEHOLD AND OWNER-OCCUPIED GP PREMISES

The GPC has recently produced guidance which gives an explanation of the different types of rent reimbursements for GP premises: notional rent (for GP owner-occupiers), borrow costs reimbursement (for GP mortgage holders) and leasehold rent reimbursement (for GPs in rented premises) plus other FAQs about premises costs.

The guidance can be accessed via: <http://bma.org.uk/practical-support-at-work/gp-practices/premises/focus-on-rent-reimbursements-for-gp-premises>

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NEW AND AMENDED MENINGOCOCCAL VACCINATION PROGRAMMES

An *enhanced service to deliver Meningococcal B (Men B) vaccination for infants* has been agreed. The programme is for three doses of vaccine at 2, 4 and 12 to 13 months. This programme will commence on 1 September 2015 and will run to 31 March 2016. There will be a payment of £7.64 per dose

plus £2.12 (to recognise additional workload) with a total fee of £9.76 per dose.

Due to a rapid increase in Meningococcal group W (MenW) disease in England, the Joint Committee on Vaccination and Immunisation (JCVI) recommended an *emergency programme to vaccinate all 14-18 years-olds (school years 10-13) with a quadrivalent Meningococcal ACWY (MenACWY) conjugate vaccine*. This new programme will commence on 1 August 2015, and is a single-dose programme for all patients aged 18 years on 31 August 2015. There will be a payment of £7.64 per dose plus £2.12 (to recognise additional workload) with a total fee of £9.76 per dose.

The *Meningitis C (MenC) University freshers programme*, which was due to start on 1 April 2015, has been on hold until the MenACWY vaccine becomes available. The vaccination programme for freshers will now commence on 1 August 2015. MenACWY vaccination will be offered to freshers (first time university or further education students who have received notification via UCAS to obtain the vaccine – aged 19-25) not previously vaccinated with MenC since reaching age 10 who self-present at their practice for vaccination. There is a flat fee of £7.64 for one dose. This is a single dose programme which will run to 31 March 2016.

Further information about all of these programmes is available via the BMA website at:

<http://bma.org.uk/practical-support-at-work/gp-practices/service-provision/vaccination>

The service specifications are available on NHS England's website: <http://www.england.nhs.uk/commissioning/gp-contract/>

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GP2GP RECORDS TRANSFERS

The GPC has written to NHS England to request the prioritisation of improvements to GP2GP record transfers in 2015/16.

There are a number of outstanding issues with GP2GP, with no fixes yet

in place for large message transfers or for a reduction in printing. These issues have the potential to impact on safe and effective patient care and are creating additional workload for practices. Version 2.2a will help resolve these issues and is currently being tested.

The GPC will continue to work with NHS England and the Health and Social Care Information Centre (HSCIC) to ensure the necessary improvements are made.

Anticipating the resolution of these last few issues, the GPC has opened discussions with NHS England about the process and program needed to eventually withdraw the Lloyd George medical record.

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COLLABORATIVE GP NETWORKS

The GPC has recently produced *Collaborative GP Networks: Guiding Principles for GP Networks*. The guidance is aimed at those practices actively establishing, or joining, a GP network, or those who are considering it.

The paper should be regarded as headline 'best practice' principles that established or emerging GP networks should use to guide their setup and operational activity.

A copy of the guidance can be downloaded from the LMC website at:

http://www.sheffield-lmc.org.uk/OG15/GP_Networks_Guidance-Guiding_principles_for_GP_Networks.pdf

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PRACTICE NURSE REVALIDATION

Practice nurses are being encouraged to familiarise themselves with:

- the new Nursing and Midwifery Council (NMC) Code:
<http://www.nmc.org.uk/standards/code/>;
- the revised revalidation process:
<http://www.nmc.org.uk/standards/revalidation/>;

- the benefits of signing up for an NMC account:

<http://www.nmc.org.uk/registration/nmc-online/>.

The NMC has also set up an online resource to help employers understand what revalidation in line with the new code involves:

<http://www.nmc.org.uk/standards/rev-alidation/revalidation-for-employers/>

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ACCESSIBLE INFORMATION STANDARD

An Information Standard is a formal guidance document which health and social care organisations must follow by law.

The Accessible Information Standard:

- was approved by the Standardisation Committee for Care Information (SCCI) on 24 June 2015;
- tells organisations how they should ensure that disabled patients / service users and, where appropriate, carers and parents, receive information in formats that they can understand, and that they receive appropriate support to help them to communicate;
- aims to provide people who have a disability, impairment or sensory loss with information that they can easily read or understand.

As part of the Standard, organisations must:

- Ask people if they have any information or communication needs, and find out how to meet their needs. Record those needs clearly and in a set way.
- Highlight or 'flag' the person's file or notes so it is clear that they have information or communication needs and how those needs should be met.
- Share information about people's information and communication needs with other providers of NHS and adult social care, when they have consent or permission to do so.
- Take steps to ensure that people receive information which they can access and understand, and receive communication support if they need it.

All organisations that provide NHS or adult social care, including GP practices, will be required to follow the new standard in full **by 31 July 2016**.

There are some elements that must be completed before then, with key implementation dates being **September 2015** and **April 2016**.

Further information can be accessed via:

<http://www.england.nhs.uk/ourwork/patients/accessibleinfo-2/>

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SESSIONAL GPs E- NEWSLETTER

The June edition of the Sessional GPs e-newsletter is available on the BMA website at:

<http://bma-mail.org.uk/t/JVX-3GHFT-1BJCJOU46E/cr.aspx>

The main articles include:

- Annual Conference of LMCs;
- Why you should consider supervising GP Trainees;
- Are you enraged by IT;
- Moving house or need a will;
- Webinars on key primary care topics.
- Your retirement made simple.

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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 August edition
to be received by
Friday 7 August**

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

http://www.sheffield-lmc.org.uk/Newsletters14/VB_and_Newsletter_Deadlines.pdf