

Newsletter

March 2015

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CARE QUALITY COMMISSION (CQC) INSPECTIONS

The General Practitioners Committee (GPC) has recently issued *Preparing for a scheduled CQC inspection – a guide for GP practices*. The main topics in this detailed guidance are:

- Registration
- CQC inspection letter notification
- Key documentation
- Preparing the practice – the walkthrough
- Access information quickly
- Presenting your practice
- Patient involvement
- Complaints
- Access to appointments
- Cooperation with other providers of services and care
- Managing risk and quality
- Infection control and cleanliness
- Policies and procedures
- Key lines of enquiry
- Ratings
- Preparing the 30 Minute Presentation

The guidance can be downloaded from:

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

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CARE QUALITY COMMISSION (CQC) REGISTRATION

The GPC has previously issued guidance *CQC Registration – what you need to know*, which covers the registration process, compliance with the CQC's essential standards and additional CQC outcomes. A copy of the guidance can be downloaded from:

<http://www.sheffield-lmc.org.uk/OG12/CQC%20Registration.pdf>

Annex B to the guidance, which covers policies and protocols, is a separate publication, which can be downloaded from:

<http://www.sheffield-lmc.org.uk/OG12/CQC%20Registration.pdf>

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'GROW YOUR OWN' PRACTICE NURSE SCHEME

Article submitted by Mark Dunker, Practice Manager, The White House Surgery

Sheffield is part of the Advanced Training Practice scheme which supports more undergraduate nursing students to get the benefit of training in a primary care setting. The scheme began as a pilot four years ago, and has now progressed to a mainstream funded scheme, winning the 2014 HSJ award for Workforce Innovation.

The scheme is designed to respond to the need for future Practice Nurses by increasing the number of nursing students receiving experience in a GP setting as part of their course and raising awareness of Practice Nursing as a career option.

Over 130 practices regionally are now involved in the scheme, and the 'conversion rate' of nurses taking Practice Nurse posts straight from qualification has almost reached 40

and continues to increase. With Sheffield Hallam University being one of the largest providers of nursing education in the country there is a very real need to accommodate more of these students in General Practices to support and develop our Practice Nurse workforce into the future. Practices choosing to be part of the scheme are fully supported at every stage, and funding is provided to support practices for each week of students' placements.

To enquire about becoming part of the scheme, or for any further information, please contact Mark Dunker via:

Email: Mark.Dunker@nhs.net or
Tel: (0114) 2646255.

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IT REQUIREMENTS OF THE GP CONTRACT

The GPC recently issued *Focus on the new IT requirements of the GP contract in England*. This sets out the requirements for:

- Referral management and use of the NHS Number;
- Summary Care Record;
- GP2GP record transfers;
- Online booking of prescriptions;
- Electronic appointment booking;
- Patient online access to their GP record.

A copy of the guidance can be downloaded from:

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

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PERSONAL INDEPENDENCE PAYMENT (PIP) ROLLOUT

On 23 February 2015 the Department for Work and Pensions (DWP) extended the areas in which existing DLA claimants will start to be reassessed for PIP. From that date PIP natural reassessments were introduced in Sheffield, where:

- an existing DLA claimant's fixed term award is coming to an end, or;
- they are approaching age 16, or;

- the DWP receives information about a change in their care or mobility needs, or;
- an individual chooses to claim PIP instead of their DLA.

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.

Existing DLA claimants who have a lifetime or indefinite DLA award will not be affected until at least October 2015, unless the DWP receives information about a change in their condition that would affect their rate of payment or if they reach the age of 16.

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MINIMUM PRACTICE INCOME GUARANTEE (MPIG) OUTLIERS AND SURGERY VIABILITY

Sheffield LMC is aware of the situation of Devonshire Green Medical Centre, whose viability is under threat because of the significant impact of the withdrawal of the MPIG. They are one of the national outliers that have been referred to in national debate as servicing specific patient populations and being at risk.

The practice has a petition to support their actions to try and raise their situation to a higher profile. If you feel you would like to support this, please find below a link to the petition:

<https://www.change.org/p/dr-david-geddes-halt-the-withdrawal-of-mpig-before-gp-surgeries-close-and-provide-fairer-funding-for-practices-serving-complex-and-needy-patient-populations>

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DRUG DRIVING

Further to the article in the November 2014 edition of the LMC Newsletter and the recent article in Sheffield CCG's e-bulletin, we have been asked to reiterate the following:

The Department of Transport has issued guidance for healthcare professionals on drug driving. The guidance provides an explanation of the new drug driving offence, including the statutory 'medical defence' available to patients who have taken their medicine in accordance with the advice of a healthcare professional and the information contained in the leaflet accompanying the medicine. It also reiterates existing advice that healthcare professionals would normally consider giving to patients about taking medicines that could impair their driving.

A copy of the guidance can be downloaded from:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/325275/healthcare-profs-drug-driving.pdf

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DEATH CERTIFICATION & MUSLIM BURIALS

Please note that the LMC's guidance *Death Certification and Muslim Burials* has been updated to take into account:

- changes to the contact details and opening times for the Emergency Burial Service;
- a request for information in relation to the Medical Examiner's Pilot.

A copy of the updated guidance can be downloaded from:

<http://www.sheffield-lmc.org.uk/lmc%20guidance/Death%20Certification%20and%20Muslim%20Burials.pdf>

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DEPRIVATION OF LIBERTY SAFEGUARDS (DoLS)

As practices will be aware from previous LMC Newsletter articles, GPs have an obligation to inform the Coroner's Office of deaths of patients who have a DoLS in place. This has caused some difficulty as GPs have not always been made aware that a patient has a DoLS, particularly in Residential and Nursing Homes.

After correspondence with Garry Haigh, Practice Development

Manager, MCA DOLS, the LMC has received confirmation that all Homes Managers should have a list of the residents who have a DoLS in place. Therefore, GPs who provide care to Residential and Nursing Home residents may wish to request that the Home Manager makes a list available to them, in order that an alert can be added to the GP's clinical system.

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GP INCOME PUBLICATION SCHEMES

On 12 February 2015 the Health and Social Care Information Centre (HSCIC) published NHS payments to individual providers of general practice services (including practices, walk-in centres and health centres) in England for 2013/14. The report breaks down payments by category including Global Sum, MPIG, Quality and Outcomes Framework (QOF) etc. This will be an annual publication process.

Practices do not have to do anything in relation to this publication as data is taken from the HSCIC GP payments system.

If publication of these figures generates media interest the GPC will support practices. Please let the LMC office know if you need help in this regard via email to:

manager@sheffieldlmc.org.uk.

From April 2015 it will be a contractual requirement for General Medical Services (GMS) practices to ensure that by 31 March 2016 they have published the mean net earnings of the partners, salaried GPs and any locum who has worked in the practice for over six months on the practice website. Please note:

- This includes income from NHS England, Clinical Commissioning Groups (CCGs) and local authorities for the provision of GP services that relate to the contract or which have been nationally determined.
- All earnings to be reported are pre-tax, National Insurance and employee pension contributions.
- For contractors the figures are net of practice expenses incurred.
- Income and costs related to premises will not be included in this figure.

Alongside the mean figure, practices will be required to publish the number of full and part time GPs in the practice. The information must be published on practice websites before the end of the financial year following the financial year to which that information relates. Practices must also make available the information in hard copy on request – recognising that not all patients will be able to access the website.

NHS England will publish guidance for GPs and their accountants on how mean net earnings should be calculated. *Practices, or their accountants, will have to generate the report themselves.* NHS England has acknowledged that it can be difficult to disaggregate income and expenditure lines precisely and will recommend that practices should work within the reporting guidelines as far as is reasonably practicable.

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COLLABORATIVE GP NETWORKS

The GPC has recently issued *Collaborative GP Networks: Guidance for GPs on the Basic Legal Structures*, which provides information about the different legal structures that can be used by GP networks, including an overview of the pros and cons of each structure.

A copy of the guidance can be downloaded from:

<http://bma.org.uk/-/media/files/pdfs/practical%20advice%20at%20work/doctors%20as%20managers/managing%20your%20practice%20staff%20services/gpnetworksl egalmodelsguidance2015.pdf>

In addition, the GPC is in the process of putting together a step-by-step guide for practices considering forming a network, which it hopes to launch very soon.

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INDEMNITY SUBSIDY FOR OUT OF HOURS (OOH) SESSIONS

Please find below a recent update on this issue from the GPC:

The GPC has actively highlighted the substantial increase in indemnity costs for GPs working in OOH settings, which is a financial penalty

that puts off many GPs from working OOH sessions. This comes at a time of severe shortages of GPs and consequent gaps in OOH rotas in some parts of the country. It is therefore welcome that NHS England has listened to our concerns and has announced it is developing a scheme with the main medical defence organisations whereby GPs who commit to new or additional sessions in NHS 111 and OOH care providers will have any additional costs reimbursed. The scheme will initially be a pilot, but we are vigorously arguing that this needs to be a permanent arrangement if we are to secure GPs willing and able to work OOH. We will let you know when we have further details.

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FIT FOR WORK REFERRAL SERVICE

*Article submitted by
Thomas Skinner, Munro & Forster*

The Fit for Work Referral Service launched in Sheffield on Monday 9 March 2015. It will help address the negative impact long term sickness has on the productivity and profitability of practices in Sheffield. Fit for Work offers free, expert and impartial advice to help support patients with health, personal or work matters affecting their return to work after four weeks or more of sickness absence. Once a patient has given explicit and informed consent to be referred, they will be contacted within two working days by phone. The occupational health professional will carry out a biopsychosocial assessment and work with the patient to agree a Return to Work Plan that is centred on their needs. If the patient consents to their plan being shared, the employer can accept it as sufficient medical information replacing the need for a fit note.

For more information please visit:

<http://fitforwork.org/general-practitioner/>

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NHS 111 CENTRES NEED GPs

The GPC has long argued that urgent care call-handling needs senior clinician presence and input. This is drawn from the experience of

effective GP out of hours (OOH) providers, and is the reason the GPC has always opposed NHS 111's reliance on computer algorithmic advice by non-clinical staff.

A recent British Medical Association (BMA) analysis showed that, in addition to escalation in ambulance dispositions and referrals to emergency care, NHS 111 also referred more than five million patients last year to general practice. A sizeable number of these referrals are known to be inappropriate, blocking GP appointments and reducing ill patient access.

A recent letter from NHS England to all commissioners in England now recommends GP presence or advice at NHS 111 sites, admitting it would reduce ambulance dispositions and emergency department attendances:

<http://bma-mail.org.uk/t/JVX-37NOC-2WPBWG-1HOF2Q-1/c.aspx>

The GPC also believes that NHS 111 should cease being a stand-alone call-handling service, but should instead be integrated within a wider urgent care pathway to include GP OOH providers. This would bring together the range of unscheduled care services that are duplicating provision and confusing patients.

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NO MORE GAMES CAMPAIGN

The BMA recently launched its 'No More Games' campaign, calling on all political parties to stop playing games with the NHS, focusing on three areas:

- No More Games with the public's health;
- No More Games with NHS funding;
- No More Games with who is providing healthcare.

The BMA is calling for an open and honest public debate about the future of the NHS. Most BMA members work in the NHS. Decades of political game playing, including successive disruptive and wasteful reorganisations, have taken their toll on the health service. These games have been played by politicians across the political spectrum for short-term gains over decades. In the run-up to a general election and at a critical juncture for the health

service, the BMA is calling for all members and doctors to help get the message heard, by adding their voices and saying No More Games with the NHS. The launch of the campaign has received extensive news coverage and there has been widespread billboard advertising. A programme of further activity is planned over the coming months. The GPC is fully supportive of the campaign and urges GPs to get involved and add their voices to the campaign. Full details of how to get involved and campaign materials to download are available on the BMA's website at:

<http://bma.org.uk/working-for-change/nhs-campaign-2015>

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SENIORITY FIGURES AND GP EARNINGS BY DEPRIVATION SCORE

The final seniority figures for 2011/2012 have recently been published by the Health and Social Care Information Centre (HSCIC). The figure for England is £92,034.

The HSCIC has also published *GP Earnings by Deprivation Score England 2011-12 and 2012-13*.

Both publications and their annexes can be found on the Technical Steering Committee page at:

<http://www.hscic.gov.uk/workforce/gpfinance>.

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TAKE2 PROJECT

Article submitted by Shannon Roberts, Communications & Marketing Officer, South Yorkshire Community Foundation

The Take2 project supports former service personnel in gaining experience and skills in construction (renovating properties for a charity) and individualised support in housing, education, training, volunteering and employment options, as well as access to specialist mental health and substance misuse support. Take2 has been set up by the South Yorkshire Community Foundation in partnership with Action Housing & Support, Mind and Sheffield City Council and has been designed specifically for former service personnel. Participation in the 12

week programme is open to former service personnel based in or connected to Sheffield. To find out more please visit www.take2project.co.uk or contact us via: email to paula.martin@actionhousinguk.org or tel: 01709821251 / 07825056227.

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DWP DIGITAL STRATEGY

The DWP is working on a project to improve digital communications with GP practices and improve the security of patient information when communicating. The project also aims to reduce the time GPs spend completing forms for the DWP.

The DWP has developed a prototype system and is now seeking GP volunteers to test the prototype. This would involve a visit from the DWP to the practice and an interview lasting around an hour, with one or more GPs in the practice. The DWP will be flexible with arrangements in order to minimise disruption, and are offering reimbursement of costs incurred if required. They are particularly seeking to visit practices in the North of England, preferably within a reasonable distance to Leeds. Visits will be undertaken in the weeks commencing 9 March, 23 March, 6 April and 20 April 2015. It is envisaged that a practice will only be visited once, unless practices wish to be more involved.

If you are interested in taking part and would like to find out more, please contact Chris Beardsell via email: chris.beardsell@dpw.gsi.gov.uk or tel: 0113 232 4191.

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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 April edition to be received by Friday 10 April 2015

Further submission deadlines can be found at:

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