SHEFFIELD LOCAL MEDICAL COMMITTEE

Newsletter

SEPTEMBER 2014

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EBOLA VIRUS GUIDANCE

As you will be aware, a Cascade alert was issued on 1 August via Area Teams concerning patients presenting with a positive travel history to Ebola Virus areas within the previous 21 days.

The full alert message can be found at: https://www.cas.dh.gov.uk/ViewAndAcknowledgment/viewAttachment.aspx?Attachment_id=101962.

Attached to the alert was a complex viral haemorrhagic fever risk assessment algorithm, which has since been updated, and which suggests that practices should carry out complex investigations.

The latest version of the algorithm can be found at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/343186/VHF_algorithm_11_08_20141.pdf

The General Practitioners Committee (GPC) has issued the simplified version of the algorithm, explaining which steps practices would need to follow in case of a potential Ebola case presenting at the practice, as follows:

For any patient presenting who has visited the affected areas within the past 21 days, clinicians should consider questions A and B at the top of the algorithm issued with the alert.

1. If the answers to both questions A and B are negative there is minimal possibility of VHF/Ebola Virus.

2. If the answer to question B is **positive** then isolate the patient in a separate room and call 999 - the ambulance service will deal with the case and transport to hospital.

3. If the answer to question A **is positive** then it is necessary to seek answers to all the additional questions in the box.

   - If any of the additional question responses to question A are affirmative then isolate patient in a separate room, call 999 and the ambulance service will deal with the case and transport to hospital.

4. If all the responses to the additional questions to question A are negative then the single further discriminator question concerning bruising or bleeding should be asked.

   - if the answer is **yes** then isolate in a room, call 999 and the ambulance service will deal with the case.

   - if the answer is **no** then the appropriate GP response is to refer the patient immediately to their local hospital medical assessment unit for further evaluation without the need for isolation.

5. Should GPs or their staff be exposed to a positive case then seek advice from the Local Health Protection Team regarding next steps.

On 2 September Public Health England issued guidance aimed at clinical staff undertaking direct patient care in primary care.

A copy of this guidance can be found at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/349981/Information_for_primary_care_01092014.pdf

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DISCLOSURE AND BARRING SERVICE (DBS) CHECKS GUIDANCE

The Care Quality Commission (CQC) has issued the following guidance:

Practices need to have safe recruitment procedures and need to be in line with the national policy on criminal record checks.

Practices need to have:

- A process in place for undertaking criminal record checks at the appropriate level for staff who are eligible for them.
- Determined which staff are eligible for which checks. This should include assessing the different responsibilities and activities of roles to determine if staff are eligible for a DBS check and to what level.
- Remembered, when carrying out this assessment, that the eligibility for checks and the level of that check depends on the roles and responsibilities of the job – not the individual being recruited. Eligibility is based on the level of contact staff have with patients, particularly children and vulnerable adults.

The basic pragmatic guidance is that clinical staff require a DBS check. GPs will have had criminal records checks done as part of their performers list checks. In some cases, practices may use these checks rather than obtaining an additional DBS check when the GP begins working for the provider. In such cases the provider should be able to provide sufficient evidence of seeking appropriate assurances from NHS England that a check has been undertaken.

For non-clinical staff, there is no blanket requirement for all reception or administrative staff to have DBS checks. Access to medical records alone does not mean that staff are eligible for a DBS check. Therefore, practices should **not** normally be found to be breaching a regulation solely on the basis that '*non-clinical staff have not had DBS checks*'. If staff have not had a DBS check, the practice needs to have done their own assessment to give a clear rationale as to why they have decided not to carry out DBS checks. A good example of where non-clinical staff may be eligible for a DBS check is reception staff who also carry out chaperone duties, for example look after a baby or child while the mother is being examined by a GP or nurse.

CQC does not decide who is eligible for a DBS check or not. If practices are unsure about who is eligible for a check or not they can contact the Disclosure and Barring Service via email to: customerservices@dbs.gsi.gov.uk.

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SIGNIFICANT EVENT ANALYSIS (SEA) GUIDANCE

The CQC has issued the following guidance:

Practices should be able to demonstrate a team based learning environment. SEA can be used to show quality improvement in the safety domain of the CQC GP inspection.

Agreed principles for SEA requirements for GP practice inspections

The National Patient Safety Agency's (NPSA) definition of a significant event is as follows:

"A process in which individual episodes (when there has been a significant occurrence either beneficial or deleterious) are analysed in a systematic and detailed way to ascertain what can be learnt about the overall quality of care, and to indicate any changes that might lead to future improvements."

Significant events can be very wide-ranging and can reflect good as well as poor practice.

- SEAs are an important part of revalidation. A GP's revalidation portfolio will be expected to contain two SEAs per year, this equates to 10 SEAs per five year revalidation cycle.
- In line with revalidation there should be a minimum of two SEAs per practice with a focus on quality improvement. If a practice has done no SEAs, it is likely that there is a cause for concern and should be investigated further.
- SEAs should act as a learning process for the whole practice, individual SEAs can be shared between members of staff including GPs. The focus of the SEA is that learning is disseminated within the practice.
- A practice that we would rate as 'Good' ensures that the learning involves the whole team and becomes embedded in everyday practice. 'Good' is linked to the impact and learning resulting from the SEA.

What is an SEA?

Significant events can be very wide-ranging and can reflect **good** as well as **poor** practice. Examples could include new cancer diagnoses, coping with a staffing crisis, complaints or compliments received by the practice, breaches of confidentiality, a sudden unexpected death or hospitalisation, an unsent referral letter or a prescribing error. SEAs are a qualitative process describing: What happened and why? How could things have been different? What can we learn from what happened? What needs to change?

Aims of SEAs

- To identify events in individual cases that have been critical (beneficial or detrimental to the outcome) and to improve the quality of patient care from the lessons learnt.
- To instigate a culture of openness, not individual blame or self-criticism, and reflective learning.
- To enable team building and support following stressful episodes.
- To enable identification of good practice, as well as suboptimal.
- To be a useful tool for team and individual continuing pro-fessional development, identify-

ing group and individual learning needs.

- To share SEA between teams within the NHS where adverse events occur at the 'overlap' or in shared domains of clinical responsibility, eg out-of-hours (OOH), discharge problems.

What are the processes involved in an SEA?
On an inspection, an inspector will be looking at the seven steps involved in an SEA:

1. All staff should be aware of and be able to prioritise a significant event.

2. Information gathering – There should be evidence of information gathering; this will include factual information on the event from personal testimonies, written records and other healthcare documentation. For more complex events, more in-depth analysis will be required.

3. Facilitated team-based meeting should have occurred to discuss, investigate and analyse events.

4. There should be evidence of the team meeting regularly for the purpose of SEAs Analysis of the Significant Event including - What happened and why? How could things have been different? What can we learn from what happened? Is change required and if so what needs to change?

5. Agree, implement and monitor change. There are no fixed end-points; outcomes should be revisited and the implementation and success of any agreed changes monitored at pre-set intervals.

6. Written records, all the processes of the SEAs should be written up to form a report. The SEA report is a written record of how effectively the significant event was analysed.

7. Report, share, review. The SEA should be shared with all members involved in the significant event.

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CONSULTATIVE EVENT FOR SESSIONAL, TRAINEE AND NEWLY QUALIFIED GPS

The GPC is running a free consultative workshop for sessional, trainee and newly qualified GPs as part of its work on the future of general practice on Tuesday 23 September at 7.30 pm (buffet / refreshments available from 6.45 pm) at Weetwood Hall Conference Centre and Hotel, Otley Road, Leeds, LS16 5PS.

The event will provide attendees with an opportunity to share their views with the GPC and will cover a number of areas including:

- Aspirations and career opportunities;
- The developing and changing role of GPs, GP practices and primary care, and the role of both sessional and future qualified GPs in this change;
- Working within larger networks of practices or federations;
- The role of Clinical Commissioning Groups (CCGs) in the future of general practice;
- Finding a balance between access and continuity.

The event is free of charge to attendees and reasonable travel expenses will also be reimbursed (claim on the night).

Anyone wishing to attend needs to register with Leeds LMC via email to mail@leedslmc.org, indicating that you are a sessional, trainee or new qualified GP.

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EARLY YEARS CLINICAL EXPERIENCE IN PRIMARY CARE

Article submitted by Dr David Moore, Academic Training Fellow & Dr Kirsty Gillgrass, Clinical Lecturer, Academic Unit of Primary Medical Care

We are delighted to announce that funding has been approved for Clinical Placements in Primary Care for in the first two years of the Medical Course at Sheffield. Students will have ten half day sessions a year in groups of 6 in GP surgeries in the Sheffield area. They will meet patient volunteers and have small group teaching facilitated by a GP tutor with three hours of protected time.

The programme starts in October and we will need 80 tutors to run it. Practices and tutors will be paid for hosting and teaching. A practice providing its own tutors can earn up to £11160 per year. Alternatively practices can host sessions with an external tutor and earn up to £3360 per year. Tutors can commit to taking a group for the whole year or being available as substitute tutors on an ad hoc basis.

We will be providing training throughout September which tutors will be paid to attend. We would encourage any GPs interested to come along to the training even if they are not sure are about what they can commit to at this stage.

This is a fantastic opportunity to provide high quality training to future doctors which we hope will enthuse them about working in Primary Care and strengthen our workforce for the long term.

For further details and to download our information pack, please go to http://www.sheffield.ac.uk/polopoly_fs/1.398055!/file/Early-Years-Experience-Information-Pack.pdf

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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 October edition to be received by Friday 10 October 2014

Further submission deadlines can be found at:
http://www.sheffield-lmc.org.uk/Newsletters14/VB_and_Newsletter_Deadlines.pdf