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Newsletter

North Staffordshire LOCAL MEDICAL COMMITTEE

Professional advice for General Practice

In this issue .....

Editorial by Dr Andrew Green

If we assume that I am too old to be professional cyclist and do not have the ability to be a Tour golfer, then I reckon I have the best job in the world.

Every day we are bombarded with stories about the difficulties facing us in general practice:-

- Rising patient demand and their expectations
- increasing bureaucracy
- escalating costs
- decreasing central investment
- the recruitment crisis
- the epidemic of our colleagues retiring early or emigrating
- the prospect of 7 day opening
- etc etc

This list seems to be never ending and ever growing. Yes being a GP is a tough job and particularly so at the present time, which is why it is important to remember the positive reasons why we became GP's and the best points about our job.

For me there a lot of reasons to be positive, from the variety of clinical presentations that we will see every day, to the diverse range of other work that our jobs entail. However the most important of these reasons relate to our patients. Certainly we cannot expect necessarily to get on with all of our patients all the time, and the decisions we make together will not be right all the time, but for most people most of the time, the services we offer are extremely highly valued and highly regarded. In patient satisfaction surveys we GP's score on average over 95% good or very good. These are figures that the large retailers, rail companies and airlines can only dream about, yet we take them for granted. We will care for different generations of the same family, building up relationships which last for

many years and it is this, the patient GP relationship which is central to the care that we provide, and the continuity of care which we recognise as the key to great care.

One of my great frustrations with the health service changes at the moment is that it is this area of continuity of care which seems so undervalued by the 'suits in white hall' yet which is so highly regarded by our patients.

For most people the NHS remains a prized jewel in the crown for the UK. Governments will come and go, each reorganising the NHS supposedly to improve the service. Our local NHS managers come and go rarely seeming to be in post more than a couple of years, however we stay. We become integral parts of our communities serving frequently for 30 years or more, and for this our patients are grateful.

So the next time someone says thank you to you or buys you a gift, remember that and remember the reason behind it, and use it to offset other feelings you will have when something does not go as well as it could of done.

Remember this one thing, it is we GPs who are the most valuable asset for the care our patients.

Dr Andrew Green
GP

Revalidation: guidance for GPs

The RCGP has approved a new Guide to Supporting Information for Appraisal and Revalidation (March 2016) that aims to reduce inconsistencies in interpretation and simplify and streamline the recommendations.

It is designed to ensure that any areas where there has been a lack of clarity are better understood. The guide confirms that:

•all time spent on learning activities associated with demonstrating the impact of learning on patient care, or other aspects of practice, can be credited as continuing

professional development (CPD)

•Quality over quantity - GPs should provide a few high quality examples that demonstrate how they keep up to date, review what they do, and reflect on their feedback, across the whole of their scope of work over the five year cycle

•Only incidents that reach the GMC level of harm need to be recorded as Significant Events in the portfolio. Reflection on all such Significant Events is a GMC requirement and must be included whenever they occur

•GPs only need to do a formal GMC compliant colleague survey once in the revalidation cycle (like all doctors)

•there are many forms of quality improvement activity and they are all acceptable to demonstrate how you review the quality of what you do, and evaluate changes that you make. There is no requirement for GPs to do a formal two cycle clinical audit once in the five year cycle.

The RCGP recognises that GPs need to be supported by their College in resisting inappropriate additional bureaucracy and is working with key stakeholders such as the BMA GP Committee, GMC and Responsible Officer networks to look at reducing the regulatory burden.

The guide is available on the RCGP website

Patient Communication Charter

The LMC has recently met with UHNM and the CCGs. The LMC presented a first draft of a patient/communication charter for our local health economy, setting out standards of communication between healthcare providers and patients.

Health Centre Lease

Practices are reminded to take great care when entering into a lease agreement. Where in the past the commitment of a lease could be assumed to be passed on to a succeeding partner, given current workforce challenges this can no longer be assumed. In fact where a practice has entered into a lease agreement without get-out clause in case of practice failure, the signatories on the lease may be liable for payment of outstanding

charges, which could potentially mean bankruptcy. NHS Propco - responsible for LIFT buildings on behalf of the NHS has recently agreed that their tenants will not be held liable for the remaining term of their lease in case of practice failure leading to termination of their GP contract, but this safeguard may not exist for other cost-rent properties. Practices would do well to check what their lease liabilities are and where need be explore explore how they can mitigate against bankruptcy.

Online Patient Services for Children

Consideration should be given to how you handle requests from patients for online access, particularly when dealing with children between the ages of 11-15 who could be classed as Gillick competent and wish to access their own records rather than allow their parents to have access.

The link to the RCGP guidance may help with regard to patient access and good practice.

The LMC view is that children aged 11-15 should not be included at this stage for online access. This avoids the possibility of a parent using their own log in to access their child's information which is probably OK where only booking appointments and requesting repeat prescriptions is involved but wider access to the record is going to become available and this could cause all sorts of problems so we are of the opinion that it is better to start off the policy now of waiting until aged 16 to offer this, after the age of 11.

The GMC has guidance on this on their website about confidentiality in 0-18yrs of age available.

The policy that we know other practices hold is for children 11 years and below to have accounts (with the parent giving consent and having the password) and then be disconnected as they turn 11 until they choose to reconnect themselves by consenting themselves at aged 16. The practices deem it in the child's best interests as the child may not be able to maintain confidentiality of their record at home between those ages (ie being in a position to refuse their parent access to their record when the parent has the password eg around contraception etc).

NHS England 2016-17 Business Plan

Practices may be interested in NHS England's Business Plan for 2016-17 which can be found here Pages 24-29 & 34-35 are probably of the most relevance.

Firearms Licensing process

As of the 1st April 2016 new Firearms Licensing procedures have been introduced by the home office. Although the BMA was consulted on this the outcome of the discussions is not acceptable. As a result the GPC has issued guidance for practices on how to deal with any such requests they may receive from the police. I would urge GPs to carefully read the options listed on the bottom of the page on how to deal with such requests.

Contact Tracing and Prophylactic Immunisation

We would remind practices that contract tracing and prophylactic immunisation of patients is the responsibility of Public Health, and not GPs.

Risk Of Death From Failure To Prioritise Home Visits In General Practice

Can we draw practices' attention to the NHS England document Patient Safety Alert which NHS England has issued to practices.

When a request for a home visit is made, it is vital that practices have a system in place to assess:

- whether a home visit is clinically **necessary**; and
- the **urgency** of need for medical attention

Focus On the Accessible Information Standard for GP Practices in England

The Accessible Information Standard aims to ensure that disabled people have access to information they can understand and the communication support they may need. Practices in England are expected to follow the Standard by 31 July 2016.

Private Prescriptions

An issue about the use of private prescriptions alongside FP 10s was recently raised at the Contracts and Regulation subcommittee of the GPC and this note seeks to clarify the position following legal advice.

The question raised relates specifically to whether GPs can issue private prescription forms at the same time as FP10s, in circumstances where this is a cheaper option for the patient than paying the NHS prescription charge. The subcommittee was asked to consider whether could be either a breach of the Regulations or collusion to defraud the NHS, who would otherwise recoup the prescription charge.

The legal advice we have received is clear that in cases of treatment under the primary care contract, GPs may not issue private prescriptions alongside and as an alternative to FP10s. In any case where a GP is obliged to issue an FP10 the concurrent issue of a private prescription will be a breach of obligation. In any case where a GP is obliged or entitled to issue an FP10 the concurrent issue of a private prescription will be conduct calculated to deprive the NHS of a small amount of money and will on that account also be wrongful.

The advice is therefore that GPs do not issue private prescriptions under these circumstances.

Department of Works and Pensions update

The LMC has included the latest update from the DWP on the LMC website detailing Fit for Work and Fit Notes

Outcomes from event held on 21st April 'Releasing Capacity in General Practice'

The LMC organised an event at the Britannia Stadium on 21st April to explore ways in which GPs and practices can release capacity through working differently and smarter. With 160 delegates the event was well attended and the LMC wishes to thank all those who were able to take part and share their ideas. A large amount of information was exchanged and many ideas generated. To see the full list of ideas click here. The LMC in collaboration with the GP federation has drawn up an initial list of 10 ideas to develop further. Meetings have since taken place between the LMC, the GP federation, the CCGs and NHS England to develop these plans further. A summary of progress can be found here.

Sessional GP e-newsletter

Here is the latest Sessional GP-e-newsletter

GPC Newsletter

Here is the latest GPC Newsletter.

Dealing with requests from individuals for personal information

Following queries receive by other LMCs, here is some guidance for practices. This includes the following:

Fees and cost limits - you may charge a fee for dealing with a SAR. If you choose to do this, you need not comply with the request until you have received the fee.
The maximum fee you can charge is normally £10 (including any card-handling or administration charges).
There are different fee structures for organisations that hold health or education records (where the maximum fee is £50, depending on the circumstances – see chapter 10). These fees are not subject to VAT.
You need not comply with a request until you have

received the fee, but you cannot ignore a request simply because the individual has not sent a fee. If a fee is payable but has not been sent with the request, you should contact the individual promptly and inform them that they need to pay.

Some organisations choose not to charge a fee. However, once you have started dealing with an individual's request without asking for a fee, it would be unfair to then demand a fee as a way of extending the period of time you have to respond to the request.

In many cases the fee you may charge for dealing with a SAR will not cover the administrative costs of doing so. You must comply with the request regardless of this fact.

The DPA does not prescribe the fee; that is inThe Data Protection (Subject Access) (Fees and Miscellaneous Provisions) Regulations 2000. There is no definition beyond administrative costs.

Guidance on Limited Liability Partnerships

With practices at risk of closure due to lack of funding or recruitment of staff, some may face considerable financial liabilities when it comes to premises and/or staff. The GPC has drawn up a brief guidance note for those practices who wish to set up an LLP.

Specialist prescribing for patients with Gender Dysphoria

New GMC guidance issued recently suggests that GPs should prescribe for patients with Gender Dysphoria as it is thought that patients needlessly suffer whilst waiting for specialist treatment which is not always readily accessible. This means that GPs are expected to provide expert prescribing, outside their area of competence, which directly contravenes the GMC's own "Good Medical Practice" guidelines. As a result of multiple concerns raised by LMCs around the country the GPC has decided to challenge the new GMS guidance, as set out in the letter from Dr Chaand Nagpaul (GPC chair) which you can read here.

Relocation of NHS England Primary Care Support Services

Please see e-mail below from Primary Care Support England.

On 1 September 2015, Capita took on responsibility for the delivery of NHS England's primary care support services. The new name for the service is Primary Care Support England (PCSE). Our priority is to continue delivering the services provided today, but we'll also introduce new arrangements to help us create national, consistent and easy to use services for all our users. The attached leaflet sets out the changes you can expect to see.

Walsall PCSE office

As part of our plans for the future, we are relocating all the services currently delivered by our Walsall PCSE office. Our Walsall office delivers:

- Medical records movement
- Performer list application management
- Pharmacy Market Entry
- Registrations
- Supplies management

New contact details

From 25 April 2016, service users who currently use the Walsall office should contact us using the following details:

Email: PCSE.enquiries@nhs.net
Phone: 0333 014 2884
PO Box: Primary Care Support England, PO Box 350, Darlington, DL1 9QN

We'll write out to all service users of the Walsall office to provide these new contact details.

Additional changes to medical records movement and supplies management.

From the end of March 2016, we've changed how medical records are moved for all GP practices in England. We're introducing a new safe and reliable process that will be both easy to use and standardised across the country.

At the same time, we've introduced a new online portal

which will provide GP Practices, Dentists, Opticians and Pharmacies with a quick and easy way for ordering supplies from us. All practices should have received further information on these new services, including what they need to do to register their practice to use the PCSE portal.

We'd be pleased to discuss these changes with you. If you require any further information please do not hesitate to contact me.

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