

Newsletter – May 2018

LMC Meeting 14th May 2018

At our last LMC meeting we discussed a range of issues, including, Quality Contract 2018/19, Dementia LES 2018-19, Rotherham Health Record, Extended Hours Sheffield Model, and Primary to Secondary Care Prescribing Guidance.

Directed Enhanced Services 2018-19

You will have recently received from the CCG this questionnaire asking for your intentions regarding Enhanced Services in 2018/2019. We have some concerns particularly in regard to the Minor Surgery questions.

When signing up for this, practices should ensure they are clear what they are signing up for: whether this is the nationally determined DES or a Rotherham-ised DES (hereafter referred to as the Minor Surgery Rotherham LES).

After taking advice from GPC the LMC were informed that, as per national agreements, the DES must be made available to practices. *The national DES does not require complete provision of all services.* For example, very few (if any) practices provide varicose vein surgery. The national DES also does not

require practices to provide a comprehensive minor op service; practices remain free to refer outside the practice (including to secondary care) where they have no capacity to provide further procedures.

Given all this we would suggest that if practices choose to respond to this document they simply tick the first of the four minor surgery boxes and then make it clear separately whether they wish to participate in the national DES or the Minor Surgery Rotherham LES.

Dementia LES 2018-19

There was concern around clause 3.10 Termination of Agreement, which stated “*6 months’ notice is required in writing by either party if they wish to terminate this agreement. If the provider wishes to withdraw, they must ensure continuity of service to their patients via sub-contract to another provider*”. This puts practices in the position of commissioner and implies responsibility for the contract in perpetuity.

The LMC have been advised that the CCG will amend this wording, and would recommend practices wait for further LMC guidance before signing up to this LES in its current form.

Quality Contract 2018-19

The LMC are in continuing dialogue with the CCG about this.

In particular there remains a strong impression amongst practices that although ARDENS templates are not ‘required’ for QC support they do in fact allow for considerable support and, in this regard, support for the two systems is not equal. We would like to know how this reality or perception will be addressed.

The existence of templates for COPD/asthma, whilst welcome, is not comprehensive. Within the Quality Contract other clinical domains are of at least equal concern so we would like to repeat our enquiry into when templates for the other clinical areas will be available in keeping with the commitment to ‘development of templates and appropriate reports’.

Low value medicines guidance.

Following two consultations on which items should not be routinely prescribed in primary care, and on conditions for which over the counter (OTC) items should not routinely be prescribed in primary care, NHS England published revised

commissioning guidance for CCGs on reducing prescribing of OTC medicines for minor, short-term health concerns, as part of a drive to reduce prescribing of OTC medicines to save the NHS money

The GPC responded to both consultations, supporting the efforts to educate patients about self-care of minor ailments and encouraging the appropriate use of medicines that are available from community pharmacies or other retail outlets. However, without changes to the GMS regulations that govern GP prescribing, the GPC highlighted that GPs will be at risk of complaint from patients or criticism from their CCGs and that the NHSE guidance cannot be used by CCGs to ban all such treatments.

GPs must continue to treat patients according to their individual circumstances and needs, and that includes issuing prescriptions where there are reasons why self-care is inappropriate.

<https://www.england.nhs.uk/publication/conditions-for-which-over-the-counter-items-should-not-routinely-be-prescribed-in-primary-care-guidance-for-ccgs/>

Prescribing Guidance

The GPC prescribing policy group has updated the Prescribing Guidance, to include a link to the template letters relating to the new requirements on hospitals to reduce inappropriate bureaucratic workload shift.

They have also made some amendments to the prescribing numbers,

independent prescriber and private prescriptions sections.

The prescribing guidance is available on the newly updated prescribing pages on the BMA website.

<https://www.bma.org.uk/advice/employment/gp-practices/service-provision/prescribing>

Spirometry In Primary Care

The GPC have issued a statement on the National Spirometry Certification Programme. Available here:-

<https://www.bma.org.uk/advice/employment/gp-practices/service-provision/prescribing/spirometry-in-primary-care-gpc-statement>

Non-prescription medication for care homes.

Following a query from a fellow LMC that some practices are reporting that they are receiving increasingly detailed requests from care homes about 'homely remedies', requesting a GP to sign a form for the administration of these remedies, the GPC Prescribing policy group's advice is:

We approve of patients in residential homes or other such environments self-caring or receiving over-the-counter (OTC) medicines as all other people do, although recognise that their frailty does bring with it special problems. Many care homes are introducing these policies, sometimes with the approval of local medicines management schemes, and GPs are being asked to complete the paperwork as an alternative to receiving

inappropriate prescription requests.

The main problem, however, is that there is no guarantee that the circumstances that were present when the form was signed still apply when the OTC medicine is to be used, and there is a real danger that these forms will not be updated when patients' circumstances change.

Therefore, it is safest if OTC medicines are available to care home residents after the input of a community pharmacist, where possible from the same pharmacy that supplies the patient's normal medication. This is an appropriate use of a pharmacist's skills, within their competence, and in line with the low value medicines agenda.

GDPR privacy notices

Template GDPR [practice privacy notices](#) (PPNs) have now been published on the GDPR [hub page](#) in the BMA resources section. The hubpage also contains information on the regulation and hosts a suite of resources and blogs to help guide members.

NHS complaints data return: KO41b

The window for practices to complete and submit the 2017/18 NHS complaints data return will open on Tuesday 8th May and run until Friday 8th June.

The BMA has previously advised that practices are under no legal obligation to complete and submit the current KO41b return –

instead the default obligation is for practices to comply with the 2009 complaints regulations. This view remains – however, following confirmation of the BMA position last year, NHS Digital asked the Department of Health and Social Care (DHSC) to publish a new legal Direction that would provide the necessary legal obligation to complete the KO41b return.

The DHSC have advised NHS Digital this week that the legal Direction is now with Ministers for formal sign off. Once signed off it will be sent to NHS Digital and published on its website.

Following publication practices will be required to complete the return as requested by NHS England. The BMA will inform you when publication takes place.

Use of DVDs and CD Drives

As IMT refresh new PCs in some areas, they are removing old computers with DVD/CD drives which has led to requests for replacements. This led to review about the need to create DVD/CDs and the response was that they are needed in some cases for sending patient records to other practices as well as the likes of solicitors etc. From a security perspective this is no longer acceptable when there are better alternatives available.

For transferring patient records from one practice to another the GP2GP service should be used:

<https://digital.nhs.uk/services/gp2gp>

For sending a patient record to another organisation then the record should be downloaded from the clinical system to a file format, generally MS Word. The record should then be converted to PDF and can then be emailed securely through NHS Mail by following this process:

Guide for senders:

<https://s3-eu-west-1.amazonaws.com/comms-mat/Training-Materials/Guidance/encryptionguide.pdf>

Guide for recipients:

<https://s3-eu-west-1.amazonaws.com/comms-mat/Comms-Archive/Accessing+Encrypted+Emails+Guide.pdf>

Full details are on the NHS Mail web portal:

<https://portal.nhs.net/Help/policyandguidance>

If you have any queries please contact the IG team at embed.infogov@nhs.net

LMC Meeting

GP constituents are reminded that they are always welcome to attend meetings of the LMC as observers. The Committee meets on the second Monday of every month in the Board Room at Rotherham General Hospital

NEXT
LMC MEETING
11th June 2018
COMMENCING
At 7.30 PM

OFFICERS OF THE LMC

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If you have any questions or agenda items, or wish to submit appropriate articles for this newsletter

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