

Newsletter – July/August 2019

Letters from Learning Disability Service (LDS)

The LMC considered a letter recently sent by LDS to a GP practice. The letter asks the practice to update them whenever there are any changes to the clinical circumstances of the patient and therefore shifting the responsibility for this process upon the practice itself. Whilst the request for any such updates is reasonable the LMC had some concerns about this.

The LMC View is that General practice is largely a reactive service and whilst we endeavour to be helpful, fail safe processes may not be in place to ensure the information requested will be forwarded. We will always endeavour to answer specific enquiries, it would not be safe for the service to assume that a nil response can replace a thorough contemporaneous clinical history. Where such a history, or other information, raises concerns we would of course be pleased, whenever possible, to offer specific clarifications on request. Practices are therefore not at this time able to safely provide the service requested.

The LMC will ask the LDS to consider re-wording the letter to remove the emphasis on the practice to provide this information.

QoF v Quality Contract KPIs

The CCG have been reviewing the Quality Contract standard 7 KPIs in light of the changes to QoF and concerns raised by the LMC. 28 QoF indicators have been retired and 15 new indicators introduced. Exception reporting has been replaced with personal care adjustments. The latest QoF changes emphasise relaxing targets for frail patients encouraging safe medical practice and the Quality Contract is not intended to contradict this.

The LMC View is that, in the absence of further clarity, practices are not clear whether they're heading in the right direction on these KPIs until the end of the financial year in March 2020, which may be too late. T

The CCG are still reviewing payment options were there is a disparity between QOF and Quality Contract.

STH; Trent thyroid follow scheme

The LMC have learned that Dr Allahabadia was writing to some practices informing them that they are to take on monitoring of a cohort of patients as of 1st August.

This is clearly a transfer of un-resourced work and should not be accepted without a transfer of resources. The LMC is in discussion with the CCG.

Medical Administration Records (pink cards)

We're receiving anecdotal evidence that GPs are still being asked to complete MARs for B12/insulin/enemas etc by the District Nurses. From our meetings/emails this time last year it was our understanding that GPs would not be asked to complete them and, where DNs were not able to do so, the community matrons would be asked.

We have written to the Community Matron to ask that this is made clear to District Nurses.

Axe the Fax

At our last LMC meeting we received an overview of the national project to remove all fax use in the NHS by 1st April 2020. This forms part of the GP contract for 2019-20. The CCG have chosen to implement all changes on the same date rather than take a piece-meal approach. All practices will have a correctly formatted central shared email account.

The following points were raised by LMC and taken forward for consideration - Coroner's Office long form is not scannable, SystmOne workflows and letters into clinical systems are problematic and patients who fall ill abroad often require a fax

Community Alcohol Detox service

CGL have outlined to the LMC the offer for a community alcohol detox service within shared care. There would be two alcohol workers for Rotherham; a lead shared-care worker providing early intervention and a worker operating out of a central base.

The LMC noted that the workers were no longer operating via practices, or hubs and a central resource was less attractive to patients. There was concern around the apparent contraction of the service.

Indemnity – paid for travel vaccinations no longer covered by CNSGP

The DHSC (Department of Health and Social Care) and NHSR (NHS Resolution) have confirmed a change in cover provided by CNSGP with the supply and administration of paid for travel vaccinations no longer included.

Following GPC representations DHSC and NHS England have committed to ensure that any general practice staff who were administering travel

vaccinations and immunisations (where patients were charged a fee) and who understood themselves to be covered under the CNSGP for such activities, are not financially at a disadvantage as a result of any claim, or potential claim, against them as a consequence of relying on the incorrect information.

In order to mitigate any risk to the health of patients, NHSR will provide assistance in relation to any claim for clinical negligence for the supply and administration of privately funded travel vaccinations between 1 April and 31 July 2019.

General practice staff should contact NHSR to access support for such claims. Claims relating to the supply and administration of any travel vaccinations or immunisations (where the patient is required to pay) provided outside of this period should be reported to your medical defence organisation or indemnity provider.

Flu vaccines

NHS England has sent out a letter to practices via its regional teams regarding supply of flu vaccinations for 2019/20 stating that, due to a delay in the WHO publishing its recommendations to manufacturers as to which strains should be included within flu vaccines for the upcoming year, there may be a changes to delivery schedules for QIV vaccines.

Whilst manufacturers should inform practices if there's any changes to their delivery schedules, practices may wish to contact their supplier

to confirm agreed delivery dates.

Medical Appraisals

NHSE have advised us of this useful resources at:

<https://portal.yhcs.org.uk/web/gp-appraisal/home>

Survey on GP Locums

Dr Tissa Weeratunge writes:

I'm a GP who trained in Rotherham and now working in South Yorkshire doing both salaried and locum work. Over the years I've noticed an increase in locum use, but not always to the highest standards, which can be frustrating for good GPs. Also practices are paying increasing amounts for work with very little quality assurance. I've had my own thoughts about ways to improve patient care and safety whilst also reducing NHS costs, and also maximising work for good locum GPs, but wanted some wider GP feedback before taking things further.

Therefore I was wondering if you might be able to forward this message and the following short survey to your GP members to complete if possible please. It can be done by partners, salaried and locum GPs.

<https://forms.gle/23HwtAL1Cn8QqAFi7>

Firearms update

The GPC writes:-

The BMA has agreed a Memorandum of Understanding with the Home Office and the National Police Chiefs Council (NPCC) on the licensing of firearms, which addresses and clarifies the long-held concerns of GPs around liability, making it clear that the legal responsibility for judging whether someone is suitable to possess a firearm or shotgun certificate rests solely with the police.

The BMA are engaging with the Home Office, police chiefs, the RCGP and others to agree a consistent, funded and transparent approach to firearms licensing across the country

Erroneously archived medical records by Capita

The GPC writes:-

As you know, Capita reported to NHS England that they had realised 160,000 patient medical records had been erroneously archived instead of sending to the subsequent GP practices (following further investigation, the number is closer to 148,000).

These records will need to be sent to the practices that currently have the patients registered, and NHS England expects those practices to undertake an assessment of harm for each patient affected. GPC England has highlighted to NHS England the impact this would have on practices (as well as them not being to blame for the issue) and their patients, and we have been negotiating to

ensure practices receive support to compensate for this, not only for the inconvenience caused by Capita's error, but to ensure that GPs and other practice staff are not taken away from direct patient facing provision.

Unfortunately, NHS England is not prepared to provide the necessary funding that we believe is necessary to cover GP and practice staff time to do this assessment properly and GPC is not prepared to accept a substandard settlement for practices to compensate for the problems created by Capita. We have instead instructed our legal team to pursue alternative actions that are available to us. LMCs and practices will be kept up to date on developments as they arise.

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

9th September 2019

COMMENCING
At 7.30 PM

LMC Officers:-

Chairman
Dr Andrew Davies
ajldavies@hotmail.com

Vice Chairman
Dr Chris Myers
christopher.myers4@nhs.net

Medical Secretary
Dr Neil Thorman
Neil.thorman@gmail.com

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

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