

Newsletter – July/August 2016

LMC Meeting 1st August 2016

At our last LMC meeting we discussed a range of issues, including Quality Contract, Integrated Diabetes Service, NHS Health Checks, Smoking Cessation, Complaints Process and CAMHS.

Complaints process.

Dr Myers has sent a report on behalf of local LMCs to Dr Paul Twomey, Responsible Officer, noting that the current process appears unfairly weighted against GPs, particularly regarding notes reviews following threshold guidelines.

GPs are encouraged to contact the LMC for support where there is the possibility of falling under formal investigation within this process, following a complaint. If any GP is subject to an investigation you are encouraged to speak to an LMC Officer before accepting anything imposed upon you, as the LMC Officers are experienced in dealing with these situations.

Bounced referrals from secondary care

Dr Birks, as SCE Representative, attended the last LMC Meeting to talk about referral pathways. He is a member of the Contract Quality Committee, which reviews referrals, including bounced referrals from TRFT back to primary care.

Dr Birks encouraged GPs to add any referral issues to the CCG referrals log for the Committee to monitor.

Smoking Cessation.

Further to a recent meeting with Public Health, Dr Myers has met with SWYFT and arranged for data to be sent to practices with names and numbers of quitters as well as percentages of referrals per practice relating to people on QoF registers.

Practices are asked to let Dr Myers know if they have not received their lists.

Proposed GP Indemnity Scheme

NHS England (NHSE) has announced a new GP indemnity support scheme starting in 2016/17, to provide a payment to practices to offset average indemnity

inflation. The scheme will initially run for two years before being reviewed. Full details available here:-

<https://www.england.nhs.uk/ourwork/gp-fv/gp-indemnity/>

In summary, for scheduled sessions NHSE will provide an additional, identifiable payment to each practice. The first payment will be in April 2017, to address inflation experienced in 2016-17. The scheme will be reviewed in two years.

The overall amount of the contribution will be calculated based on the estimated annual inflationary increase in indemnity costs faced by GPs. This will be based on an agreed and transparent methodology, then multiplied by the expected headcount of GPs.

This amount will then be distributed among practices based on their list size, not on weighted capitation. A corresponding payment will be made in April 2018 to cover inflation experienced in 17/18, and the basis of the calculation of inflation will be reviewed as part of this.

The future of the scheme will be reviewed following April 2018, in light of progress made on other aspects of indemnity reform.

Revised Guidance on Firearms Licensing

A new process for GPs and police to share information was introduced in April 2016, to ensure those licensed to possess firearm and shotgun certificates are medically fit.

This process has since caused significant concern, specifically the work involved in responding to the initial letter from the Police requesting information and to place a marker on the medical record. In addition, the British Association for Shooting and Conservation (BASC) are now advising their members to refuse payment to GPs for responding to the initial police letter.

As a result the GPC have revised their guidance and informed the Home Office as they continue to actively engage with them on improving the process.

The GPC are now advising GPs to return the letter to the police without delay explaining they are unable to undertake the work due to a lack of funding or for a conscientious objection to gun ownership.

It is not acceptable to: disregard the letter or not inform the police or delay a reply as you could place yourself at professional risk.

Where there is a reasonable belief that an individual either applying for a firearm or shotgun license or already holding one, may represent a danger to themselves or others, the GPC strongly advises GPs to encourage the applicant to reconsider or revoke their application.

If the applicant refuses, you should consider breaching normal confidentiality and inform the police firearms licensing department as a matter of urgency.

This advice only relates to the initial letter asking GPs to add a marker to the patient record. Applicants are still being advised by BASC to pay their GP for any full medical report being requested by the police as part of their application.

<https://www.bma.org.uk/advice/employment/ethics/ethics-a-to-z/firearms>

Advice on preventing telephone fraud

GPC has been made aware that telephone systems used by practices may be vulnerable to fraudsters hacking into them and making premium rate calls. In one instance £2500 - £5000 of calls were placed over one weekend.

This is known as PBX/dial-through fraud, which occurs when hackers target Private Branch Exchanges (PBX) from the outside and use them to make a high volume of calls to premium rate or overseas numbers.

The victims are usually small to medium-sized businesses, but the National Fraud Intelligence Bureau has also noticed that a number of schools, charities and medical/dental practices being targeted where fraudsters are taking advantage of flaws in security systems.

This type of fraud is most likely to occur when organisations are most

vulnerable i.e. during times when businesses are closed but their telephone systems are not, for example in the early hours of the morning or over a weekend or public holiday.

There are commercial organisations that will install software to prevent this and practices should consider whether this is a cost effective solution. However, a simpler alternative might be to place a block on international calls with the telephone system supplier.

This raises an issue of where, for example, a patient is hospitalised abroad and clinician to clinician communication is required, but the advice of GPC would be to ensure that an alternative mechanism for making and receiving such a call was in place, such as the mobile of one of the practice staff. Any cost to the individual could then be reimbursed.

Sessional GPs Newsletter

Please note that the latest sessional GPs newsletter is available at the following link:-

<http://bma-mail.org.uk/t/JVX-4DGLH-1BJCJOU46E/cr.aspx>

Capita/PCSE Update

Many thanks for your contributions to this evidence collection exercise, which were passed on to the GPC.

Over the month, the GPC received about 200 emails from all LMCs across

England. They have now come to the end of the evidence collection exercise, however you should still maintain pressure on PCSE and liaise with them directly to ensure any outstanding issues are dealt with. Below is a summary of the issues identified:-

- Long delays in delivery of notes
- Lack of timely delivery of urgent requests for notes
- Practices waiting for large numbers of notes to be delivered
- Wrong records delivered to practices
- Stock levels for some supplies seem to be insufficient
- Staff at Customer Support Centre often don't know the answers and don't know who to forward the call/email to
- Inappropriate responses from Customer Support Centre staff – told not to call but to send emails due to backlogs
- Emails to Customer Support Centre are not acknowledged and problems are not resolved for long periods
- Payments to practices are incorrect, often not including large chunks of money for certain things (eg seniority payments, Registrar reimbursements, pension deductions, locum reimbursements)
- New registrations (babies and migrants) not being processed in a timely manner

The GPC have discussed these with Karen Wheeler, NHSE National Director: Transformation & Corporate Operations, who is ultimately responsible for the contract with Capita. Karen has commenced a daily teleconference with PCSE to monitor the situation and hold them to account. She has informed GPC that these meetings will become less frequent only when she is satisfied that the situation has improved and these improvements have been realised on the ground.

She also has regular meetings with the Chief Operating Officer for the whole of Capita, who assures her that they have been pumping in extra resource to deal with the situation. The GPC were provided with assurances that the list of issues will be raised in her daily meetings and will be monitored to ensure the situation improves across the country in a timely manner.

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

12th September 2016

COMMENCING

At 7.30 PM

OFFICERS OF THE LMC

Chairman

Dr Adrian Cole

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Dr Chris Myers

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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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