



# The Humberside Group of Local Medical Committees Ltd

Newsletter: 16 January 2015

The LMC Newsletter is a round-up of interesting news and information for GPs and Practice Managers in Hull, East Yorkshire, North Lincolnshire and North East Lincolnshire. You can read from top to bottom or alternatively, use the contents section to jump to items of interest. Items marked with a \* and in orange on the content list are highlighted either because of their importance or because they contain information you may not yet have seen elsewhere.

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# INSPECTION

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## CQC Inspections and safeguarding – East Riding of Yorkshire CCG

The following guidance was recently produced and circulated by Dr Guy Clayton (Named Dr for Safeguarding in East Riding) & Janet Morley (Named Nurse for Safeguarding in East Riding). It provides a guide for GPs and practices in ERY CCG regarding questions you may be asked in relation to Safeguarding by a CQC inspection team.

### Expect to be asked:

- 1) How do you make a safeguarding referral ?

Answer: Via the Golden number 01482 395500, followed up within 24 hours by a written referral.

- 2) How do you get advice on safeguarding matter as a Clinician?

Answer: By phoning the Named Dr - Dr Guy Clayton, 01482 887863 or 07801 650025 or the Named Nurse, Janet Morley on 01482 315756 or 07876 591949

- 3) Where is your Practice Safeguarding protocol with referral forms?

Answer: If you haven't got one, please contact Dr Guy Clayton for an off the peg copy

- 4) How often and to what level do your GPs need Safeguarding training?

Answer: Every 3 years to level 3 (This is offered at evening training events 3 times a year)

- 5) How can you get local Safeguarding Board information?

Answer: On the website [www.erscb.org.uk](http://www.erscb.org.uk)

- 6) Are your existing Clinical staff Police checked (Disclosure Board) and up to date with training?

The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 do not include requirements about renewing CRB checks and neither CQC nor the CRB recommends the frequency of such checks. Instead, employers should re-check staff whenever they think it necessary, taking into account the kind of work their staff do and any risks there are.

- 7) Do you have safe recruitment in place eg CRB checks (Criminal Record Bureau) for new clinical staff and locums? ( For GP locums, check with the Locum Agency)
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## Pilot Support Programme for Practices Placed in Special Measures

The Royal College of General Practitioners has been commissioned by the Department of Health and NHS England to provide expert peer advice and support for GP practices that enter special measures following inspection by the CQC.

If your practice is placed (or looks likely to be placed) in Special Measures, you may wish to contact the RCGP to discuss the support programme being offered. After initial discussions, practices can then decide whether or not to take advantage of the support offered.

Contact can be made by email: [practicesupport@rcgp.org.uk](mailto:practicesupport@rcgp.org.uk)  
Or by phone: 0203 188 7637

Any practice placed into special measures between 1 October 2014 and 30 June 2015, where NHS England does not enact contractual action, will be eligible to apply for this support.

NHS England will provide up to £5,000 funding directly to the RCGP for each practice entering the programme, providing that practice matches that 1:1.

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## CQC Registration & Partnerships

CQC has published a 'mythbuster' outlining some of the [key facts around partnerships](#) in relation to CQC registration.

The Health and Social Care Act regulations require CQC to be assured about the fitness of partners before they can grant registration and subsequently where there are changes to the partnership. In order to do this, applications to CQC are required when a new partner joins or when a whole partnership changes.

Recognising that changes in partnership can take place frequently for some providers (especially those who provide GP services), CQC took detailed legal advice on this in 2012/13 and have subsequently streamlined their approach to make it easier for partnerships to vary their registration.

The key points to note are:

- Partnerships registered after February 2013 are registered with a condition to their registration that names the partners in the partnership. This changes the way they add or remove partners from their registration.
- Providers are able to apply to vary the partnership condition if they want to remove or add a partner, using an online or downloadable application form. (Prior to this being introduced, the partnership would have had to cancel their registration and the new partnership would have had to apply for new registration. This was a more complex and lengthy process for everyone.)

It is important that if your partner(s) do change that you follow the process above. If you don't, you may be in breach of your conditions of registration. Breaches of conditions are an offence, which may trigger enforcement action and be noted in your inspection report.

[More CQC guidance on making changes to your registration can be accessed here.](#)

## COMMISSIONING

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### Extension to Dementia Quality Toolkit Deadline – East Riding CCG

East Riding CCG have advised that there is an extension to the deadline for submitting the Dementia Data Quality Toolkit survey results and claiming the £100 fee.

**The deadline is now 23:59 hours on 31<sup>st</sup> January 2015.**

## CLINICAL ISSUES

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### Department of Health Letter regarding Influenza Season 2014/15 – Use of Antiviral Medicines and Maximising Uptake of Flu Vaccination, including among Healthcare Staff

The most recent surveillance data indicate that there is now a substantial likelihood that people presenting with an influenza-like illness are infected with an influenza virus.

GPs may now prescribe at NHS expense, antiviral medicines for the prophylaxis and treatment of influenza, in accordance with NICE guidance and Schedule 2 to the National Health Service (General Medical Services Contracts) (Prescription of drugs etc) Regulations 2004), commonly known as the Grey List or Selected List Scheme (SLS).

[Read the full letter from the DoH here.](#)

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### Mapping antimicrobial resistance

Public Health England and others have published a [“systems map” of antimicrobial resistance](#). Its aim is to provide a broad overview of the factors influencing the development of antimicrobial resistance and the interactions between them rather than detailed consideration of individual factors or infectious agents.

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## **Cox-2 selective inhibitors and non-steroidal anti-inflammatory drugs' (NSAIDs): Cardiovascular safety**

[Guidance](#) on the cardiovascular safety of Cox-2 inhibitors and NSAIDs and further reading. Published 2 January 2015.

## **PRACTICE MANAGEMENT**

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### **New BMA Publication – Quality First: Managing Workload to Delivery Safe Patient Care**

The BMA has this week published new guidance for GPs on how to effectively manage workload in the context of ensuring safe provision of core services to patients.

[The guidance](#) contains the following key chapters:

- Re-assessing where clinical work is provided
- Enhanced services and other incentive schemes
- Bureaucracy reduction and non-NHS work
- Patient partnership and self-empowerment
- New ways of working
- Working with other practices
- Viability of other roles
- List management
- Looking after your own health
- Useful resources including workload management checklist
- Template letters for practice use

The BMA suggests that practices should now:

- Read this guidance and discuss this as a practice team in a meeting
- Discuss strategies to take control of your workload
- Involve other local practices, and work together to support each other
- Discuss with your LMC how to tailor a local approach to support all local practices
- Use your entitlement as a CCG member practice to influence your CCG to commission appropriate services, hold providers to account and put in place systems to support and manage general practice workload, commissioning alternative services if necessary
- Involve your patients - work with them and ensure that you explain any changes as fully as possible

The LMC is happy to support practices in relation to this area of work so please contact the Secretariat for further discussion on the issues raised within the BMA publication.

[Read the full guidance from the BMA.](#)

[Download the Managing Workload Template Pack.](#)

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## Retired Quality and Outcomes Framework (QOF) Indicators

Concerns have been directed to the LMC about the recording and achievement of retired QOF indicators.

Following various emails and correspondence regarding the retired QOF indicators, NHS England has now apologised for the error which resulted in the HSCIC statement that “it is a requirement for general practices to ensure they continue to provide the services linked to these indicators”.

**All parties have agreed that this is incorrect and not in accordance with the agreement negotiated between GPC and NHS Employers.** As a result, HSCIC has replaced the statement with “Practices continue to undertake the work and code activity related to retired indicators as clinically appropriate. This data extraction will help inform commissioners and provide statistical information but is not intended for performance management purposes”.

The HSCIC documents have been republished.

After discussions with NHSE Y&H Area Team, we would advise practices not to reject the offer on CQRS and we can confirm that by accepting the offer it is purely to give your consent for the data to be extracted. There are no payment consequences attached to this.

Two statements have been issued by the GPC on this issue and these can be accessed using the links below:

[Read the first GPC statement on Retired QOF Indicators](#)

[Read the second GPC statement on Retired QOF Indicators](#)

Any further queries or concerns regarding the monitoring of the retired QOF indicators should be directed to the LMC Secretariat.

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## Workforce Minimum Data Set – Advice for Practices

NHS England has written to GP practices about the supply of a Workforce Minimum Data Set (WMDS). Practices have been asked to supply data on their staff, including recruitment, vacancies, absences and personal details, such as date of birth, National Insurance (NI) number and gender.

The intention of the data collection is to allow the Department of Health (DH), NHS England and Health Education England (HEE) to understand the current NHS workforce and plan for future needs. The data collection replaces the annual GP census and practices have been asked to submit data through the primary care web tool. The module is due to be available to practices this month, with the first data submission due by the end of May 2015. Practices will thereafter be asked every six months to confirm the information held within the tool is correct.

Concerns have been raised with the LMC with regard to this data collection. These are that the data being requested is excessive in relation to the purpose and will create workload for practices. These concerns will be raised by the GPC with NHS England during January.

Concerns have also been raised to the LMC that the sharing of personal staff data could be in breach of the Data Protection Act (DPA). We have therefore made contact with the ICO and taken steps to obtain written justification from NHSE/HSCIC as to why the data requested is necessary.

**The LMC will communicate again as soon as further clarification on these issues has been obtained. In the meantime, we recommend that practices await our further advice prior to proceeding with the data preparation and submission.**

We understand the HSCIC will contact practices in the middle of January to grant access to the module, and provide details of the online training materials and further support.

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## Reducing the Workload on General Practice – Reducing Bureaucracy Survey

(Before you start reading, we just want to reassure you that we haven't missed the irony of this one.....!)

NHS England have asked the Primary Care Foundation, working with the NHS Alliance, to undertake two pieces of work to look at how the burden on practices might be reduced. One of them is focused on the burden of bureaucracy whilst the other looks at 'potentially avoidable appointments'.

### Reducing Bureaucracy

This is an important opportunity to let NHS England know about the time practices spend doing unnecessary tasks because of growing bureaucracy in general practice. The aim is to identify the scale of the problem and the steps NHS England need to take to free you up to focus on patient care.

The survey is designed to be as easy as possible for you to complete. The full instructions are at the start of the questionnaire and for the live link just click here [Reducing Bureaucracy Survey](#)

### Shaping demand, looking at potentially avoidable appointments

An audit tool has been developed to collect information on the number of avoidable appointments you have in your surgery.

The links below allow you to download a paper or spreadsheet version of the audit tool which the Primary Care Foundation is using to find out the types of appointments that could be avoided and the level of workload involved.

[Download pdf version for completing on paper.](#) If you would prefer to download the Excel Spreadsheet version, please [use this link](#) to the information page and download the spreadsheet at the bottom of the page.

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## Reminder of obligations under the NHS (Performers Lists) (England) Regulations 2013

### Indemnity cover

All performers on the Performers List require appropriate indemnity which provides cover for all liabilities that may be incurred in carrying out work as a practitioner. This must be maintained at all times and evidence of such indemnity should be provided to the Area Team (acting for NHS England) on request. Although the Area Team have not asked for evidence of cover to be submitted, they have asked all performers to check to make sure they have cover in place and that it is sufficient for the work being done and the number of sessions being worked.

### Investigation by regulatory or other bodies

Performers are also reminded that they must notify the Area Team if they become subject to investigation by any regulatory or other body, e.g. GMC, GDC, GOC, etc. The matter should be notified in writing within 7 days of its occurrence and should include an explanation of the facts giving rise to the matter, including those concerned, relevant dates, outcomes, etc. Any relevant documents should also be included.

All relevant matters should be emailed for the attention of the practitioner performance team at [England.nyhatperformance@nhs.net](mailto:England.nyhatperformance@nhs.net)

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## Patient Choice Scheme & Out of Area Registrations

Practices are reminded that the new implementation date for the Patient Choice Scheme (deferred from 1 October 2014) was 5 January 2015.

A [full briefing](#) is available on the BMA website including:

- details of the new regulations
- what GP practices should do
- the registration process
- arrangements for patients
- payment arrangements
- view of the GPC

A [FAQs section](#) is also available which addresses the following:

- What should GPs do if they don't wish to accept patients from outside their practice boundary?
- Should I register out-of-area patients before a home visiting service is in place for them?
- Does this scheme just apply to practices with commuters in their area?
- How do I avoid being accused of operating in a discriminatory way?
- What warnings do I need to give to patients who register as out-of-area?
- Will I be contractually obliged to see out of area registered patients as temporary residents or provide them immediately necessary treatment?
- What steps should practices take when registering a patient from outside the area?
- How will area teams commission a local urgent care service for patients registered as out-of-area?

- What must the practice do if we take part in the enhanced service to provide services to out-of-area patients unable to travel to their registered practice?
  - Can students register as out of area patients?
  - Can existing registered NHS patients who move out of area be registered as out of area patients without home visits?
  - What is a practice's obligation where they have patients registered without home visiting obligations and patients registered with access to home visits in the same area?
  - What about patients who live in Wales, Scotland or Northern Ireland?
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## Email to SMS Service – Funded until 30 September 2015

Following communications throughout 2014, you should already be aware the NHSmail **fax** service closes on 31 March 2015 (@fax.nhs.net). The NHSmail **SMS** service (@sms.nhs.net) also closes for all organisations on 31 March 2015.

Attempts to send fax and SMS messages via NHSmail after 11.59 pm on 31st March will be unsuccessful. If you are the sender you will receive a non-delivery report. However, if you use a generic or shared mailbox to send automated fax or SMS messages, the non-delivery report will be sent to the generic or shared mailbox, not your personal mailbox.

**A national email to SMS service will be funded to cover the period from 31 March to 30th September 2015 for GP practices.**

Details of the new email to SMS service for primary care are currently being worked through and will be communicated by NHS England in due course. NHS England will continue to explore how best to migrate to a local funding model for SMS after September 2015. Further details will be provided in early 2015 to enable surgeries to plan accordingly.

## GUIDANCE & RESOURCES

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### New LMC Advice Sheet: GP Federations – Legal Issues for Consideration

Many practices are now either part of a “federation” or network provider arm entity, or are in the process of joining one. Most of the responsibilities for becoming part of a provider arm network have rested with the relevant “steering group” or group of GPs, usually in conjunction with the local Clinical Commissioning Group, who have in many cases contributed to funding the process.

Practice are usually consulted fully on the main issues regarding their involvement and financial contribution to any structure, but post creation, there are a number of checklist issues that both individual practices and the board or committee leading on any provider organisation need to be aware of and ensure that they have in place.

[This advice sheet](#) is designed to help both practices and provider organisations to ensure that any entity and structure is robust and legally sound.

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## **HSCIC Code of practice on confidential information**

This [code of practice](#) applies to any organisation that collects, analyses, publishes or disseminates confidential information, ranging from GP practices and hospital trusts to commissioners and local authorities. The code will help organisations ensure that the right structures and procedures are in place to help front-line staff follow the confidentiality rules.

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## **Development steps for federating general practices from Primary Care Commissioning (PCC)**

This [Powerpoint presentation](#) illustrates how general practices can plan the journey from collaboration to more formal working arrangements, including federation. Originally delivered by PCC chief executive Helen Northall at the launch of the National Association of Provider Organisations in December, the slides trace the steps practices may take from sharing services to becoming leaders of the local health system.

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## **Fit for Work: Guidance for GPs**

[New guidance](#) has been issued by the Department for Work & Pensions for GPs on using Fit for Work to help their patients stay in or return to work.

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## **Launch of MEDFASH educational tool on HIV testing for primary care**

MEDFASH has developed HIV Testing in Practice (HIV TIPs), an online educational tool, to help increase rates of HIV diagnosis in primary care. Launched in National HIV Testing Week, the interactive webtool will enable GPs, practice nurses and their teams to raise their knowledge of HIV and enhance their confidence in offering HIV testing. This in turn will reduce the avoidable illness and deaths that still occur because of late diagnosis.

GPs or practice nurses who wish to increase their own skills in HIV testing, or who would like to work with their teams to boost overall testing rates, will find plenty to do using HIV TIPs. It provides updates about HIV testing in primary care and includes patient stories, quizzes, group exercises, downloadable teaching materials and an HIV testing audit tool. It will help GPs and practice nurses to:

- find out more about the importance of HIV testing in general practice
- reflect on obstacles (barriers & challenges) to HIV testing
- improve their own ability to diagnose HIV
- improve their team's ability to diagnose HIV
- change HIV testing practice in their team.

TIPs can be accessed at <http://www.medfash.org.uk/hiv-tips>

## TRAINING, OPPORTUNITIES & EVENTS

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### Respiratory Educational Meeting

Boehringer Ingelheim have organised a Respiratory Educational Meeting to be held at 5.30pm on 29 January 2015 at Lazaat, Wood Hill Way, Cottingham, HU16 5SX.

Dinner will be available from 5.30-6.30pm. The topics and speakers will be:

- What's New In Asthma, Jane Whatmore, Respiratory Nurse Specialist
- COPD - Prioritising Safety, Dr Michael Crookes, HYMS

An early response is recommended as places at this event are limited. To book your place, please contact Donna Dabell by email at [donna.dabell.ext@boehringer-ingelheim.com](mailto:donna.dabell.ext@boehringer-ingelheim.com) or by phone on 07960396190.

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### Palliative Care in General Practice – Principles and Practicalities Tuesday 24th March and Tuesday 21st April 2015 St Catherine's Hospice, Scarborough

This comprehensive two day workshop is aimed at GPs, GP Registrars and other senior clinicians working in primary care who are looking to increase their skills and confidence in managing palliative care patients. Each day complements the other although both are suitable as stand-alone study days. The course maps to the RCGP curriculum and will provide detailed information on the MDT and other support agencies available. It will include facilitated small group work and case studies with the opportunity to refine skills between the study days and bring cases for reflection.

Flyers for all courses are available on the HYMS website via the following link:

<http://www.hyms.ac.uk/postgraduate/short-courses-cpd.aspx>

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### Productive Elective Workstream – Opportunity for GP and Nurse Participation, Hull CCG

Hull CCG have been progressing work between CCG Member practices and HEYT Consultants to review the list of clinical specialties which have high volume referrals and follow up ratios.

The next 2 specialties identified for review are:

- **CT Renal Colic**
- **MRI Knee Pathway**

This piece of work requires **clinical** support (GP / Nurse) to work with Consultants to identify the patients that:

- follow up not clinically necessary
- one follow up only
- managed in primary care via shared care
- managed in primary care with additional support or clinical guidelines apply

This work gives us the **opportunity to change pathways for patients** to ensure they receive the optimum clinical treatment for their episode of care and use education where appropriate.

**This is extremely important work as is a core function of your CCG. It is a great opportunity to directly improve services to patients.**

GP involvement in these meetings needs to increase - attendance up to now has been a little disappointing and sometimes the consultants outnumber the Primary Care Physicians!

If you would be interested in discussing either of these specialities with your Primary and Secondary Care colleagues, please contact Business Intelligence via email at:  
([hullccg.businessintelligence@nhs.net](mailto:hullccg.businessintelligence@nhs.net))

The deadline is Friday 23 January 2015

Alternatively, should you wish to informally discuss this role, please contact Karen Billany, Senior Commissioning Manager , 01482 344777 or e-mail [karen.billany@nhs.net](mailto:karen.billany@nhs.net)

Remuneration is at the CCG rate:

- **GP - £90/hour**
- **Nurse - £15/hour**

Meeting duration - 2 hours

## Meeting Dates

- **CT Renal Colic - Meeting**

The proposed meeting dates available to discuss the clinical pathway are:

- Wednesday 4 February
- Wednesday 25 February
- Wednesday 4 March
- Wednesday 11 March

**Meeting time - 8.00-9.30am**

**\* Please indicate in reply your availability.**

- **MRI Knee Pathway - Meeting**

The meeting date is, **Monday 2 February - 6pm**, Finance Meeting Room, Castle Hill Hospital

## CONSULTATIONS

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### Revisions to Working Together to Safeguard Children Consultation

The Department of Education is seeking views on revisions to 'Working together to safeguard children' statutory guidance, published in 2013. The revisions include 3 major changes and some small updates and clarifications.

[Click here to view and take part in the consultation exercise.](#)

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## GPC Survey – The Future of General Practice

The GPC is conducting a major survey of the profession. The survey is quite lengthy but this is essential to gain a comprehensive picture from GPs about their current work and pressures, how they wish to work in the future, under what arrangements, and importantly how they would like to see general practice develop.

The results will be able to be stratified to include category of GP, years since qualification, area of work etc. The survey findings will help inform GPC policy to shape a sustainable, fit for purpose future model of general practice, and which we will be able to present to the incoming government.

It is important that the GPC is able to get the best possible picture of the views of **all** GPs - from trainees, newly qualified, partners, locums, salaried GPs through to those at the tail end of their careers. **The LMC strongly endorses the need for this survey and we hope that you will find time to respond to it.**

The survey will be carried out by the BMA's health policy economic research unit (HPERU). You should have received an email with the link to the survey over the weekend and paper versions should start arriving this week. If you wish to participate and have not received the relevant information, please contact the LMC Secretariat.

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Following a review of the work patterns of the Medical Secretaries we will aim to respond to routine emails on Tuesday, Wednesday and Thursday.



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