The Humberside Group of Local Medical Committees Ltd

Newsletter: 6 February 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.

CONTENT

LMC ELECTIONS 2015

Have you considered standing for the LMC Elections 2015?

We are holding elections this year for both the North & North East Lincolnshire and the Hull & East Yorkshire Local Medical Committees.

Have you considered standing for election? You can play an essential role in securing the future of our profession by joining your Local Medical Committee at this crucial time for GPs.

With the unprecedented challenges and threats that GPs face, LMCs play an essential role in representing and supporting GPs and their practice teams. Your Local Medical Committee works with and strives to influence NHS England Area Teams, CCGs, local authorities and other health organisations to ensure the development of high quality general practice is supported.

Your profession and your patients need strong representation of your provider role and this is your opportunity to make a lasting difference.

Balanced LMCs include representation from partners, salaried, sessional and freelance GPs and this ensures that all views are reflected. We therefore welcome nominations from all GPs.

If you would like to find out more, please read our information pack or contact the Secretariat for an informal discussion. If you wish to stand for election, the pack explains how to be nominated and you can also download a Nomination Form below.

The deadline for receipt of nominations is 5pm on Friday 13 February 2015.

North & North East Lincolnshire LMC - Election Pack 2015

North & North East Lincolnshire LMC - Nomination Form 2015 (Word version for easy completion)

Hull & East Yorkshire LMC - Election Pack 2015

Hull & East Yorkshire LMC - Nomination Form 2015 (Word version for easy completion)

"I first joined the LMC a few years ago when I wanted to find out more about the bigger picture of Primary Care, I wanted to know why and how we were constantly being told what to do. Who was making these decisions? What happened when things went wrong? Who was monitoring General Practice? How could we have a better and more useful relationship with local hospitals, especially the consultants. I also wanted to meet other GPs and find out how they were managing the challenges of primary care.

I have thoroughly enjoyed being on the LMC and I have indeed met many interesting and knowledgeable people. As an unexpected bonus it has been a real pleasure to get to know the Office staff, as well as the Secretariat, and see how hard they all work behind the scenes in supporting GPs.

My knowledge and awareness of the wider healthcare landscape has been enormously increased by being involved and I would recommend it to any GP."

Dr Anne Jeffreys, GP Partner, Hull & East Yorkshire LMC Chair and Chair of the Humberside Group of LMCs Ltd Board

INSPECTION

CQC Seeks Feedback on Inadequate Rating and Special Measures

CQC has now updated its plans for how it will deal with GP practices assessed through inspection as providing 'inadequate' care and is asking for feedback on the proposals before finalising its approach for April 2015.

The proposal is that when CQC rates a practice inadequate overall, it will automatically be placed in special measures. This will give the practice access to a package of support from NHS England. If its rating has not improved within a year, CQC will cancel its registration. When this happens, it will be NHS England's responsibility to ensure that patients of the practice will still have access to GP services.

You can read more about CQC's proposals here and tell them what you think of these plans by joining their provider communities.

Who should have a disclosure and barring service (DBS) check?

The LMC has received some enquiries regarding the CQC's expectations in relation to DBS checks. The information below is one in a series of 'Mythbusters' produced by CQC for GP surgeries…

Practices need to have safe recruitment procedures and need to be in line with the national policy on criminal record checks.

Practices need to:

- have a process in place for undertaking criminal record checks at the appropriate level (only for staff who require a check).
- assess the different responsibilities and activities of staff to determine if they are eligible for a DBS check and to what level.
- remember that the eligibility for checks and the level of that check depends on the roles and responsibilities of the job - not the individual being recruited - and is based on the level of contact staff have with patients, particularly children and vulnerable adults.

The guidance above has been agreed with BMA, RCGP, NCAS and MDU.

Remember, CQC does not decide who is eligible for a DBS check or not.

If practices are unsure about who is eligible for a check or not they can contact the Disclosure and Barring Service.

Clinical staff (GPs, nurses, healthcare assistants)

Basic guidance says that clinical staff require a DBS check.

GPs will have had criminal records checks done as part of their Performers List checks. In some cases, practices may use these checks rather than obtaining an additional DBS check when the GP begins working for the practice. In such cases, the practice should be able to provide sufficient evidence of seeking appropriate assurances from NHS England that a check has been undertaken.

Non-clinical staff

There is no general requirement that non-clinical staff (such as those at reception or administrative staff) have to have a DBS check - it depends on their responsibilities. Therefore, practices may not be breaching this regulation if their non-clinical staff have not had DBS checks done.

Access to medical records alone does not mean that staff are eligible for a DBS check - so this may rule out some administrative staff members.

However, a good example of where non-clinical staff may be eligible for a DBS check is reception staff who also carry out chaperone duties and look after a baby or child while their mother is being examined by a GP or nurse.

Where the decision has been made not to carry out a DBS check on staff, the practice should be able to give a clear rationale as to why.

CLINICAL ISSUES

Prophylactic Prescribing of Influenza Antivirals in Care Homes

On 4 February 2015, the GPC wrote to PHE in response to concerns raised by a number of GPs from across England about inappropriate pressure from PHE to prescribe Tamiflu for the prophylaxis of influenza in nursing and care homes where there have been confirmed cases of influenza. This letter states that:

"GMS regulations are clear that this service is not included under essential services that practices are required to provide for their registered patients. Essential Services are defined in the GMS regulations with reference to regulations 15(3) (5) (6) and (8). Additional work must be commissioned and funded separately as an Enhanced service. Examples of these are the influenza vaccination programme and catch up MMR vaccination campaign."

It continues:
"We would be happy to meet with you to discuss the development of an enhanced service. Until this has been negotiated we will be advising GPs to pass this work back to PHE to deliver."

The LMC recognises that this is a difficult area for GPs and the LMC Committee recently agreed that the following analysis of the current situation prepared by Dr Andrew Green (Chair, GPC Clinical and Prescribing Subcommittee) should be circulated to all GPs via this newsletter.

> *"Much of my personal time has been spent advising GPs who had concerns about being instructed to offer prophylactic antivirals to residents in care homes where flu had been identified. The evidence base for benefit is very limited and the contractual basis for asking us to prescribe is also disputed, but in some areas pressure to the point of bullying is being applied to GPs. My email to LMCs summing up the current situation is below.*
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> *I have been asked if there is a GPC view on this issue, and have spent the weekend consulting with other Clinical and Prescribing Subcommittee members and others, particularly on the RCGP over-diagnosis group, and to be honest I am not sure if I can*

add a great deal to debate, but will try. I am happy to be quoted on any of the following.

I am aware that GPs are asking for certainty and would like to be told what to do, this is not possible. If I had to sum it up in a tweet it would be 'Prophylactic antiviral prescribing for 'flu? Nobody can compel you to do it, but nobody can advise you not to either'

Unfortunately, there is little in the way of fact to go on and a great deal of opinion, much of which is contradictory. I will try to separate the two.

FACTS

There is uncertainty among professionals as to the benefits of prescribing prophylactic influenza antivirals.

The official advise from NICE was produced before full release of trial data, and has since been questioned by authoritative academics, however NICE currently stand by their guidance.

There is uncertainty about whether such prescribing is covered by essential services in GMS contracts.

The prescriber who signs the prescription takes responsibility for it, and an individual assessment of patients' needs should be undertaken.

Patients prescribed antivirals in these circumstances should have the decision discussed with them if they have capacity to understand, if not then standard best-interests considerations apply.

OPINION

The big picture here is that PHE will never issue advice that contradicts NICE, NICE seems unable or unwilling to act quickly to change guidance when circumstances change, and neither organization is willing to allow for clinical doubt or differences of opinion. Add to this a top-down control mentality combined with a culture of blame and we have a very toxic and dangerous environment in which to practice medicine.

As GPs we are used to dealing with situation where we do not have evidence to firmly recommend a particular management plan. Even when guidance exists from bodies such as NICE we rarely have patients who are typical of those in the trials that opinion is based on, with age, co-morbidities, or patient preferences all affecting clinical decisions. Usually, this variance from guidance goes on at an individual patient level, and is largely unnoticed. Its existence is accepted, with Prof Haslam stating repeatedly that guidance is guidance rather than tramlines.

The difficulties here arise because a number of doctors within the structures of the NHS are instructing GPs to issue prescriptions that those GPs have doubts are in the best interest of their patients. They are doing so with a level of certainty that fails to recognize any degree of doubt, are denying any alternative routes to provision of treatment, and threaten sanctions against those with whom they disagree. I have found the tone of the letters I have seen quite disturbing, as I am usually disturbed by those in any field who fail to appreciate alternative views and seek to compel rather

than persuade.

The situation is further complicated by the fact that many people show evidence of influenza infection and immunity without symptoms, so knowing when flu is present in a home, and who is likely to have immunity either through immunization or exposure, can be little more than guesswork, as is knowing when to repeat antiviral courses.

Although there is doubt about whether this work is covered by our contracts the debate about whether someone who is in the prodromal phase of an illness is ill (or believes themselves to be ill) is best kept for another day, and I would not recommend using this as a reason not to prescribe. These decisions should be grounded in what is best for patients. Responsibility for the prevention of flu does not rest solely with general practitioners, as evidenced by the commissioning of alternative providers to deliver the vaccination programme.

It is clear that to do this work properly would require a considerable amount of time within a small period. To do this would certainly need other patients to have their consultations cancelled, and it is reasonable to factor in these lost consultations, particularly at a time of pressure, into the benefit/harm equation.

If a doctor genuinely believes that it is not in the best interests of a patient to prescribe, then not only can no other doctor compel them to do so, they actually have an ethical duty not to issue that prescription. There are some steps that the doctor could take to minimize any personal consequences from this (see below)

If a doctor declines to prescribe, there might be three routes to personal grief 1) A breach notice regarding not fulfilling the contract. 2) legal action by a patient who developed influenza having not been prescribed prophylaxis. 3) Referral into performance procedures. I am not qualified to decide the likelihood of these succeeding but in the case of 1) discussions about whether this falls within our contract might be relevant, and in 2) causality would have to be shown, based on balance of probabilities. The real cost to the GP though would be in distress whatever the outcome was.

SUMMARY

I believe that both the following are reasonable ways for a GP to behave

It is quite reasonable to follow the advice from NICE and PHE, providing the doctor believes this is correct, that this can be done on an individual patient basis with consent where possible, and without detriment to the care of other patients.

Where the doctor believes that there is insufficient evidence to prescribe then they should not do so, but they should inform both PHE and their CCG, so that consideration can be given to alternative arrangements, should the commissioners wish to do so.

Ultimately, I believe the responsibility for this falls within the remit of PHE."

Andrew Green
Chair, GPC Clinical and Prescribing Subcommittee

Controlled Drugs & Governance Update 2015

The latest newsletter can be read here and includes:

- Tramadol – Prescription Quantities
- Reminder of the legal obligation to report all CD incidents
- Preventing harms from the use of methadone

Dementia – A Brief Pragmatic Resource for General Practitioners

The following information has been produced by Alistair Burns and Paul Twomey, Parity of Esteem Programme Team, Medical Directorate, National Clinical Director for Dementia, NHS England.

The additional national enhanced service for dementia identification further highlights the challenge of dementia and the urgent need to identify and provide appropriate support to our patients, and their families, who are living with this condition. While all people with dementia require on-going support there are likely to be particular issues for those who remain undiagnosed. They may be anxious, vulnerable and unprepared and their families may be struggling to manage the associated changes in behaviour and personality. These are compelling reasons for general practitioners to be alert to the symptoms of dementia as we are in an ideal position to be able to support the patient and the family through their dementia journey.

This resource has been produced to help GPs contribute positively to the needs of dementia patients. It is neither a guideline nor a protocol, but a pragmatic document intended to offer practical advice. It reflects the opinions of the authors and includes general practice input in the form of questions that might be posed to specialists and suggestions about creating a potential link with GP appraisal.

It is aimed at providing GP colleagues with greater confidence in assessing and managing people who have worries about or actual dementia as there is little doubt it is an increasingly common problem. The current media profile means that more people may come seeking reassurance as much as a diagnosis.

It is hoped that this document will stimulate further dialogue between primary care and the specialist service in the different localities with the aim of developing closer working relationships and shared care protocols. It represents 'work in progress' as there is going to be a follow on paper which can be informed by your feedback via the email link provided in the document.

You may wish to consider linking your appraisal to the dementia enhanced service. There are potential benefits for you, your practice and your patients. You will notice a positive impact on both elements; higher quality patient care for the enhanced service and education and quality improvement for the appraisal which is relevant and sensitive to national objectives. The attached dementia resource is potential background reading which could be supplemented by other material such as on-line learning modules or journals. The time spent reading and the associated reflections would count as credits for your continuing professional development.

Any quality improvement activity aimed at increasing and refining the practice dementia register and the presentation of your findings and responses in your appraisal documents would be a

demonstration of impact and therefore justify extra credits as described by the Royal College of General Practitioners and satisfy the requirements for revalidation.

If this sounds like the way you would like to take control of your learning and professional development then please explore this document which provides an opportunity to improve your appraisal, inform your management of dementia and maximise the benefits of the additional dementia enhanced service.

Mobile GP Service Trial in North East Lincolnshire

A Mobile GP service is currently being trialled in North East Lincolnshire.

The service is available to all practices in NEL and has been established to support GPs in responding to urgent home visits (target 1 hour response). It is anticipated that during February and March, the service will be offered 5 days a week, 10am – 6pm.

If your Clinicians wish to make a referral to the service, they can contact A&E GPs on **01472 302568.** Should the line be engaged or there is no answer, the GPs can then be contacted by asking the hospital's switchboard (01472 874111) to **bleep 188.** The GPs will then call back as soon as they are free to discuss the patient. It is requested that all referrals are made by a clinician so that the patient can be discussed with the referrer.

Further information about the service can be obtained from Anna Morgan, Chief Operating Officer, Core Care Links Ltd, 07507 559479.

Medication Safety Alert - Medicines related to valproate; risk of abnormal pregnancy outcomes

The MHRA has issued a series of documents for healthcare professionals following completion of a Europe-wide review highlighting important new information and strengthened warnings about the safety of valproate related products (sodium valproate, valproic acid [brand leader: Epilim] and valproate semisodium [brand leader: Depakote]).

- Valproate-risk of abnormal pregnancy outcomes-letter to healthcare professionals Jan 2015.pdf
- Valproate guide for healthcare professionals Jan 2015.pdf
- Valproate booklet for patients Jan 2015.pdf

PRACTICE MANAGEMENT

GP Browser/Lorenzo – Receiving your daily updates (HEYT)

When GP Browser is switched off, HEY are going to email to your practice on a daily basis a list of A&E attendances, outpatient appointments, admissions and discharges. This will be a temporary measure for 3 months until you get Lorenzo access at your practice to get the information currently available via GP Browser.

HEY will want an email address that they can send the information to EVERY day. Although there are many worries and concerns about use of a generic email address, this is the option that many

practices are choosing. Should you wish to have a generic email address for this purpose, please see the information below.

Communication Flows Primary / Secondary Care

Following recent correspondence and discussions at the Practice Managers meeting, colleagues from IT have advised that should a Practice wish to set up a **shared mailbox / generic e-mail address** they will need to complete the following form

Y&H Commissioning Support IMT - Shared Resource Request Form

Guidance on form completion

- Only sections 1A and 4 need to be completed.
- Preferred Mailbox Name - it is proposed Member Practices use the following naming convention for the generic mailbox "HullCCG.patientdata-B/Yxxxxx@nhs.net"
- Once completed, please send to itservicedesk.nyhcsu@nhs.net

Should you have any queries on the information required to complete the form, please contact your Business Intelligence representative.

Care Certificates for new HCAs from March 2015

This certificate is the result of the work Camilla Cavendish did in the wake of the Francis Inquiry.

What is it?

It is to be introduced for all new HCAs employed by GP practices from March 2015 (the exact date in March has not been given).This affects all staff that are not registered (eg not registered with the NMC as a nurse) but are offering health care to patients for the first time. This will include phlebotomists. It is to try to regulate HCAs and the aim is for it to be completed within 12 weeks of them starting their job.

What is in it?

The 15 competencies are:

1. Understand Your Role
2. Your Personal Development
3. Duty of Care
4. Equality and Diversity
5. Work in a Person Centred Way
6. Communication
7. Privacy and Dignity
8. Fluids and Nutrition
9. Dementia and Cognitive Issues
10. Safeguarding Adults
11. Safeguarding Children
12. Basic Life Support

13. Health and Safety
14. Handling Information
15. Infection Prevention and Control

Evidence will be expected from the HCA by using words such as 'demonstrate' or 'show' when assessing competence. Competency will need to be assessed face to face but the learning can be done via e-learning if that is what the practice deems as satisfactory.

How do I get training for my HCA to pass this?

You can train your HCA in-house with experienced staff. Three workbooks will be written for practices. They are in draft form:

Technical Document
Assessor Document
Healthcare Support Worker & Adult Social Care Worker document (Learner Document)

As the employer, you need to assure the quality of the teaching and can sign off and certificate your HCA yourself. There is no accreditation by any other institution needed to sign this off.

There will no doubt also be lots of private providers offering to train your HCAs to pass this and it is possible that practices might be able to access some of the training via the trusts who will be rolling this out to all their new HCAs too. However, it is anticipated that most of this can be done online (free) or in-house.

Do I have to do it?

Yes, as CQC will check this.

Is it time-limited – does my HCA have to renew it?

No – once completed, the certificate is portable for the HCA and can take to a new practice. No need to renew.

When will I know more?

There are pilots reporting back soon and the LMC will pass on more information via the Newsletter as soon as it becomes available. More basic info is here: http://nwl.hee.nhs.uk/files/2014/07/Care-Certificate-briefing-and-Qs-and-As-PDF.pdf

GUIDANCE & RESOURCES

Patient Online – Practice Toolkit (including guidance on Coercion and Proxy Access)

RCGP and NHS England are working together to provide a range of resources and practical guidance to help GP practices make online appointments, repeat prescriptions and make records available online to all patients who want to use them. The Toolkit can be accessed via the RCGP website.

The LMC has received specific queries regarding Coercion and Proxy Access and the toolkit provides advice on both these areas:

Patient Online – Coercion: Guidance for General Practice
Patient Online – Proxy Access: Guidance for General Practice

Dementia Resources

CCGs and LA commissioners within the Yorkshire and Humber identified the need for a video resource to demonstrate the experience of the family carers for people with dementia. The Yorkshire and Humber Strategic Clinical Network funded the development of the video resource which is now available and free to download from www.dementiacarer.net (click on 'Teabags in the fridge: learning resources' button in the top right hand corner of webpage).

The films have been developed by Arc Research and Consultancy Ltd and have been based on information gathered from over 100 carer interviews carried out as part of the development of dementiacarer.net - a collaborative project funded by several CCGs in South Yorkshire. Drama materials alongside clips of real carers talking about what helps them with difficult issues come out in the films.

For more information please contact Tom Chrisp (07527448551,tomchrisp@breakfast.solis.co.uk).

TRAINING, EVENTS & OPPORTUNITIES

Patient Online Webinars – Some dates still available

NHS England's Patient Online team are hosting as series of webinars to support practices with implementing online services, appointments, repeat prescribing and records access. You can ask questions, learn from other practices and find out how to access support locally.

The following webinars still have dates/spaces available:

- **Online services, where to begin**: What practices need to know about Patient Online, why they want/need to do this and what support is available.
- **Online services, identity verification and registration:** A walk through registering a patient for online access including the importance of identity verification.
- **Online services, access to the patient record: part 1 – Getting started with summary information**: What you need to consider when planning to share records with patients.

Find out more here.

GP Retainer Scheme Yorkshire & The Humber

The Retainer scheme is thriving in Yorkshire.

The Retainer scheme is for those doctors who need to work in a part time capacity (up to 4 sessions per week). This may be because they have young children, have another caring need (for example looking after elderly parents) or they may be recovering from a period of ill health themselves. The scheme allows time and support for education, so the GP can keep up to date and develop their career general practice, with the aim of returning to a more substantive post at some time in the future.

The Retainer Scheme combines a service commitment with an educational component.

Benefits of the scheme:
• Paid time for CPD

- Regular, free study days, provided by Health Education England, Yorks and Humber (HEE)
- Educational supervisor within your practice
- Peer support
- Some reimbursement of study fees from HEE
- Sessional times to suit your requirements
- Practices receive some salary reimbursement from NHS England

For more information about the scheme please contact Dr Louise Gazeley at HEE Yorks and Humber **louise.gazeley@yh.hee.nhs.uk**

GP Contract Roadshow - 7pm, Wednesday 4 March

The GPC's Leeds Roadshow will take place on Wednesday 4 March at 7pm. The speaker will be Dr Richard Vautrey, who will provide information and updates on aspects of the negotiated contract changes for 2015/16.

The event will take place at the Village Hotel and Leisure Club, 186 Otley Road, Headingley, Leeds, LS16 5PR and will be open to all GPs and practice managers working in the Yorkshire & Humber region. Registration is from 6.30pm and tea and coffee will be available.

Bookings will be taken on a first come first served basis.

As with any venue, capacity is limited to comply with Health & Safety requirements, so it is essential that your place is booked to ensure you do not miss this opportunity.

To book a place please email info@yorlmcltd.co.uk by return or phone 01423 879922 and any member of YORLMC's Corporate Affairs Team will be pleased to take your details.

Free consultant-led mental health event for GPs

GPs are invited to attend the first in a series of consultant-led Mental Health events that will take place in 2015. These are designed to support Primary Care colleagues in the way they manage complex and often difficult to treat patients.

The event will take place on the evening of Tuesday February 24th at Lazaats Restaurant, Cottingham.

There will be a session on Mental Health Clustering/Mental Health Tariff with Consultant Psychiatrist and Clinical Director Dr Kwame Fofie as well as the opportunity to meet a number of Humber NHS Foundation Trust consultant psychiatrists in an informal and relaxed setting.

The event will also feature an interactive session by Tom Phillips, Nurse Consultant, Addictions Services, on managing patients with a dual diagnosis.

A large proportion of people with mental health problems have co-occurring problems with drug or alcohol misuse. Likewise, poor mental health is commonplace in people who are dependent on or have problems with drugs or alcohol. And, for many people, mental ill health and substance misuse combine with a range of other needs including poor physical health, insecure housing and offending.

These are both topics GP colleagues have indicated to us would be useful in supporting them with difficult to manage patients.

An excellent hot buffet will be available from 6.15pm and the first speaker will begin at 7pm.

If you would like to attend, please get in touch with Val Sparkes at Humber NHS Foundation Trust by February 13th (01482 389172 or by email to Valerie.sparkes@humber.nhs.uk).

East Riding of Yorkshire CCG – Educational Bursary Schemes

The ERY-CCG have develop two educational bursary schemes to help recruitment of GPs and Practice Nurses to the East Riding of Yorkshire. Details of the two schemes can be accessed below:

GP Educational Bursary Scheme
Practice Nurse Educational Bursary Scheme

Further information can be obtained from Helen Phillips, Commissioning Lead, Transformational Projects, ERY-CCG. (01482 315787, helen.phillips5@nhs.net)

GENERAL NEWS

BMA Newsletter for Sessional GPs

The third BMA monthly e-newsletter for sessional GPs is out now. Click here to read.

New GP Workforce Action Plan

NHS England, Health Education England, the Royal College of General Practitioners and the BMA GP committee are working together to ensure that we have a skilled, trained and motivated workforce in general practice.

All four organisations have jointly developed a new GP workforce action plan 'Building the Workforce – the New Deal for General Practice' which sets out a range of initiatives to expand the general practice workforce including:

- Improving recruitment into general practice
- Retaining doctors within general practice
- Supporting those who wish to return to general practice
- Developing the role of other primary care staff such as nurses and pharmacists.

NHS England is investing £10million to kick start the initiatives in the joint plan, which will complement work that is already underway to strengthen the general practice workforce.

More information on the plan is available on the NHS England website:
http://www.england.nhs.uk/commissioning/primary-care-comm/gp-action-plan/

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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.