



# The Humberside Group of Local Medical Committees Ltd

Newsletter: 27 March 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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### Increase in CQC Fees

On 23 March, CQC announced the revised fees that providers will have to pay from April. This followed a public consultation last year (which received many objections to a fee increase). The impact of this is an increase of £69 for a general practice with 10,001 to 15,000 registered patients.

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### New CQC registration and registration variation forms

The CQC is introducing new registration application and registration variation forms for providers. The new forms have been developed to take account of the changes to regulations from 1 April, including the introduction of the fundamental standards.

This change will affect all health and social care providers, including those GP providers who use online services. Around two-thirds of GP providers currently use online services to apply to make changes to their registration.

The new forms will be made available to users of online services between Friday 17 and Monday 20 April – and any draft forms will be deleted at this stage. More information is available [here](#).

The CQC has published a news article on its website, explaining the phased process by which they will begin accepting the new offline forms and stop accepting the old versions.

<http://www.cqc.org.uk/content/new-registration-application-and-registration-variation-forms>

## CLINICAL ISSUES

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### Action Plan on Hearing Loss

A new '[Action Plan on Hearing Loss](#)' to support services for deaf people and those with diminishing hearing has been produced by NHS England and the Department of Health.

The plan has been developed with a number of organisations including Public Health England, hearing loss charities and those whose hearing is directly affected. Aimed at commissioners, Clinical Commissioning Groups, GPs and healthcare providers, the report identifies multiple health and social issues associated with hearing loss. It recommends ways that services for children, young people, working age and older adults living with hearing loss can be improved.

Hearing loss affects the development of language in children. It reduces chances of employment in adults and also increases the risk of other health problems such as mental health. Additionally, hearing loss and deafness reduces people's ability to care for their own and their families' long-term health conditions.

The report sets out five key objectives in the following areas:

1. Good prevention – for example reducing the numbers of young people and adults with noise induced hearing loss; including through immunisation and screening and utilising quality data to understand the social, financial and personal health advantages
2. Earlier diagnosis – for example improving outcomes for babies with hearing loss, increasing identification of the number of children and adults in at risk groups
3. Integrated services – for example reducing developmental and educational gaps due to childhood hearing loss and increasing the number of children, young people and adults with a personalised care plan
4. Increased independence and ageing well – for example including access to technology including support by mobile or tele healthcare and improving access to wider health services from primary to end of life care
5. Good learning outcomes – for example including improving employment opportunities for young people and adults and reducing development and attainment gaps between deaf and hearing children

The direct cost to the NHS of managing hearing loss is estimated to cost up to £450 million a year. Clinical Commissioning Groups will continue to decide what is commissioned locally to address local hearing needs.

[Download the report here.](#)

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## **New NICE Guideline – Medicines Optimisation**

A [new guideline from NICE on medicines optimisation](#) outlines how putting people at the centre of decisions about their care can enable them to use the medicines they are prescribed safely and effectively and get the best possible outcomes from them.

The guideline recommends that health and social care practitioners should share relevant information about the person and their medicines when a person transfers from one care setting to another. This should include details of the medicines the person is currently taking, information about allergies the person has and any changes to a person's prescriptions including treatments started or stopped, or dosage changes, and reasons for the change. Ideally, this information should be shared within 24 hours of a person's transfer from one care setting to another.

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## **Patient Group Directions (PGDs) – Useful Info & Web Link**

Patient Group Directions (PGDs) consist of a legal framework allowing some health care professionals to supply and administer medicines to groups of patients that fit the criteria laid out in the PGD. A health care professional could supply and/or administer a medicine directly to a patient without the need for a prescription or an instruction from a prescriber. PGDs allow the supply and administration of specified medicines to patients who fall into a group defined in the PGD.

[This link](#) will take you a full list of all the PGDs authorised by NHS England Sub Regional Team.

Each GP practice is required to keep the signed copy and ensure all health professionals who will be working under it are authorised and have signed the final page (appendix B) of each PGD.

[This reference document](#) also contains helpful information on the use of PGDs and PSDs in General Practice. It covers practical issues such as when to use a PSD and how to obtain one etc.

A Hepatitis B PGD: is due out imminently but a PSD should be used in the interim.

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### **Generic prescribing of pregabalin**

A generic version of pregabalin (Lyrica) is shortly to become available, but it only has a license for use in epilepsy and general anxiety disorder with the manufacturer's patent on use for pain control continuing. The manufacturers have indicated their intention to enforce their patent through the courts, and anyone supplying generic pregabalin for pain control might be open to litigation. While this primarily affects dispensing doctors, others might be troubled by pharmacists seeking to confirm the indications for generic prescriptions. The GPC would therefore advise doctors to prescribe Lyrica by brand when used for its pain control indication for the time being.

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### **The National CKD Audit – England and Wales**

Detection of chronic kidney disease (CKD) in primary care allows identification of people at higher risk of developing 'end stage' kidney disease, acute kidney injury and cardiovascular disease. There is an important balance between the identification and management of risk and a prudent approach to minimise over-medicalisation.

To inform our understanding and encourage better identification and management, NHS England and the Welsh Government have jointly funded a National CKD clinical audit. The audit has been commissioned by the Health Quality Improvement Partnership and is being undertaken by BMJ Informatica.

The aim of the audit is to improve the identification and treatment for patients with CKD. One of the key features of the audit is the serial collection of data on kidney function over time, which will help practices to identify patients with CKD and optimise the care provided to those patients already on the CKD register.

The audit will run automatically so requires no extra work once it is installed. Practices are encouraged to participate so that their data can contribute to the national picture of CKD care. The software also includes an optional Quality Improvement (QI) tool for practices, providing in-consultation computer prompts and lists of patients who potentially need recoding.

The Clinical Review Group for the audit is chaired by Dr Kathryn Griffith, the RCGP Clinical Champion for CKD. The free CKD Audit is available to GP practices who are current BMJ Informatica customers. It will soon be made available to all practices through the new GP Systems of Choice (GPSoC) framework.

Interested in taking part?

Please visit the website and follow the instructions to sign up.

Website: [www.ckdaudit.org.uk](http://www.ckdaudit.org.uk)

Email: [nationalckdaudit@bmj.com](mailto:nationalckdaudit@bmj.com)

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## Work capability assessments

GPs often face requests for letters to support appeals to a tribunal for Employment Support Allowance (ESA) following a Work Capability Assessment (WCA). The GPC position remains that the work capability assessment process should be scrapped with immediate effect and replaced with a rigorous and safe system that does not cause avoidable harm to the weakest and most vulnerable people in society. There is concern about whether the WCA assesses adequately and accurately a patient's 'fitness for work'.

However, there are Regulations in place that go some way to address concerns about the WCA process and GPs that are approached for letters in support of their patients' appeals should be aware of them.

The ESA Regulations 2013 set out the exceptional circumstances where an adverse decision may pose a substantial risk to the claimant or others in the workplace. These are Regulation 25 and 31 and can be accessed [here](#).

These two regulations should be applied to all cases where a GP makes a clinical judgement that harm is likely.

## PRACTICE MANAGEMENT

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### Focus On GP Contract Payments 2015-16

The BMA has published a Focus On document outlining the main changes in GP contract payments for the forthcoming year.

[Read the document here.](#)

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### QOF Guidance for 2015/16

The QOF guidance for 2015-16, applicable from 1 April 2015, has now been published on the [NHS Employers website](#). A link to the guidance has also been published on the BMA website [QOF guidance pages](#).

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### 2015/16 Contract Guidance

The 2015/16 contract guidance has now been published on the NHS Employers website.

[www.nhsemployers.org/GMS201516](http://www.nhsemployers.org/GMS201516) (the directions and regulations can be accessed by using the links on the right hand side of the page.)

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### Pharmacists in GP Surgeries

Proposals by the Royal College of General Practitioners (RCGP) and the Royal Pharmaceutical Society (RPS) to have pharmacists within GP surgeries have been published. The idea would see pharmacists providing health advice and prescribing and has been proposed as a solution to ease the pressure on GP surgeries. [Please click here for further coverage.](#)

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## Introduction of New Registration Process for Nurses

The Nursing & Midwifery Council (NMC) is in the process of implementing a new registration process known as revalidation. Revalidation is a process by which nurses and midwives will demonstrate that they remain fit to practice and is required to be completed every three years. It will affect all practice nurses.

Individual nurses and midwives are accountable and responsible for their own revalidation, if revalidation is not completed the individual's registration will lapse and they will be unable to work.

The process consists of four main areas that must be achieved. The areas confirm that:

- The registrant is fit to continue to practice. This will be achieved by the completion of 450 practice hours over the three year period for a nurse or a midwife and 900 hours for a dual registered nurse and midwife
- Continuing Professional Development hours have been met. This will be achieved by the completion of 40 hours over the three year period with a minimum of 20 hours to be participatory – learning with others
- Feedback received which has informed reflective practice. This will be achieved by the registrant completing a minimum of five reflective accounts per three year period. The NMC will require evidence that a nurse or midwife has reflected on the feedback
- Feedback received from “confirmer” (third party) that adherence to the NMC Code has been achieved. The “confirmer” must meet two requirements to undertake assessment of the individual's revalidation process, firstly they will oversee the practice of the registrant and secondly be a UK registered nurse or midwife.

The NMC will regularly monitor revalidation submissions made by nurses and midwives. This monitoring will be both random and risk-based and will be informed by other regulators and from the NMC's own fitness to practice processes.

In order to support the revalidation process the NMC is currently revising the Code of Conduct which will be released early 2015. The new code is not related to specific tasks or clinical practice but is underpinned by four key values; conduct, behaviour, ethics and professionalism. The NMC revalidation model intends to take the code further and position it at the heart of everyday nursing and midwifery practice.

It is envisaged that the revalidation process will come into being in December 2015. Early implementation of the model at designated pilot sites is currently in place and will remain so for the next six months. The model will then be reviewed by the NMC with a view to full implementation in December 2015.

Further information can be obtained via the [revalidation pages on the NMC website](#).

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## Healthwatch East Riding of Yorkshire Report on GP Appointment Systems

During 2014, Healthwatch East Riding of Yorkshire (HWERY) undertook a study of general practice appointments systems in East Yorkshire. The work was done in response to the expressed concerns of patients.

A report has been produced which documents the methods used, the results obtained and the issues that the study has raised.

[Read the full report.](#)

[Read the Executive Summary.](#)

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## **Upcoming Changes to Parental Leave**

Lockharts Solicitors have produced a useful guide to the forthcoming changes to parental leave which apply to all employers from April 2015. [Read the bulletin here.](#)

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## **Errors in FFT Data Submitted to CQRS**

If you submit FFT data inaccurately to CQRS there is no way that it can be removed or edited. However, a form has been devised so you can prevent having inaccurate data published about you on NHS choices etc.

After considering the options available, the FFT team has come up with a process to offer practices the opportunity to have their data replaced with wording that makes it clear that the data has been submitted but that there has been an issue with the submission process.

To ensure requests are handled in a controlled fashion, the FFT team has developed a simple Excel form that practices that want to have their data replaced with text in the publication can submit. [The form can be accessed online here.](#)

Having the data replaced with text is a choice for the practice to make. In making this choice, practices may want to consider the significance of the error, e.g. practices with problems with the collection modes (which won't flow to NHS Choices) or minor errors in the numbers may wish to leave their data as it is. Further it should be noted that the January data will only ever be published on the NHS England FFT pages, in a spreadsheet that includes all practices, and will not be fed through to NHS Choices (NHS Choices will display FFT data eventually but not until later).

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## **Important information regarding payment for NeisVac-C vaccine, Boostrix IPV injection and Fluenz Tetra nasal spray suspension Influenza vaccine**

NHSBSA Prescription Services wish to make practices aware that where vaccines have been centrally procured for the practice through Public Health England, they should not make a claim under personal administration arrangements to the NHSBSA on form FP34P/D Appendix or FP10.

NHSBSA Prescription Services has identified an increase in FP34P/D Appendix forms and FP10 forms claiming payment for Fluenz Tetra nasal spray suspension Influenza vaccine, NeisVac-C vaccine and Boostrix IPV injection where practices have later verified these have been centrally procured via a vaccine ordering facility, such as ImmForm. Practices must not submit payment claims for vaccines or injections obtained in this way to the NHSBSA.

An FP34P/D appendix or FP10 form should only be submitted for payment to cover the 'dispensing' of the vaccine for personal administration where the vaccine has been purchased by the practice.

Practices who have incorrectly submitted centrally procured vaccines to NHSBSA Prescription Services should contact [nhsbsa.repricingrequest@nhs.net](mailto:nhsbsa.repricingrequest@nhs.net) for a payment adjustment.

## GUIDANCE & RESOURCES

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### The Revised NMC Code – Effective from 31 March 2015

The NMC periodically updates its Code of professional standards of practice and behaviours for registered nurses and midwives to take into account both developments in nursing and midwifery practice and society's changing expectations of health and social care.

The revised Code sets out the revised universal standards which nurses and midwives must uphold every day in order to join and maintain their position on the NMC Register. The structure of the revised Code reflects four major themes designed to support quality in health and care: putting people first, preserving safety, practising effectively, and promoting professionalism and trust.

The revised Code was published on 29 January 2015 and becomes effective for all nurses and midwives on 31 March 2015.

[Read FAQ document about the revised NMC Code.](#)

[Read the new code.](#)

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### Fit for work scheme roll out begins

Fit for Work offers free and impartial guidance and resources that can be used by GPs who are supporting patients facing work related health challenges. It is designed to help employed people with health conditions, or those who want to return to work after a period of sickness absence lasting or expected to last four weeks or more.

In addition to accessing [online resources](#) around work-related health topics, GPs across England and Wales can use the Fit for Work website to [refer patients](#) who have been, or are likely to be, off work for four weeks or more for a health assessment. This free and voluntary referral, which can replace the need for a fit note, will culminate in a Return to Work Plan tailored to patients' needs and focused on helping them return to work in a way that is right for them.

The roll out of the referral service across England and Wales will be taking place over the coming months, and has so far begun in Sheffield and the areas covered by the Betsi Cadwaladr University Health Board areas. GPs outside these areas can [register their interest](#) on the Fit for Work website in order to receive updates about service developments and roll out.

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### Medical information and insurance – Subject Access Requests

The BMA's joint guidance with the Association of British Insurers (ABI) on the use of medical information for insurance purposes has been withdrawn and is under review. The BMA is aware that some insurance companies are now requesting full medical records (via a Subject Access Request – SAR) rather than asking for a report from the applicant's GP, as previously agreed with the ABI.

In the LMC's view, requesting the full medical record for any patient is excessive and potentially in breach of the third data protection principle under the Data Protection Act 1998 (DPA) which states

that personal data shall be "adequate, relevant and not excessive" in relation to the purpose for which it is processed.

Under the DPA, patients are entitled to copies of their full medical record. We are awaiting guidance from the Information Commissioners Office (ICO) regarding the BMA's concerns about the use of SARs. Until this guidance is received, the BMA would recommend that a letter is sent to any patients requesting their medical records via a SAR. [The letter can be found on the BMA website.](#)

## GENERAL NEWS

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### Focus on new care model vanguard sites

The *Five Year Forward View* published in October 2014 set out several new care models which aim to 'dissolve traditional boundaries' between general practice, community providers, hospitals, health and social care and mental health services. The document proposed creating a number of major new care models, recognising that England is too diverse for a single model of care to work everywhere.

*The Five Year Forward View Into Action: Planning for 2015/16* invited local organisations wishing to become 'vanguard' sites to express their interest to a new care models team. On 10 March NHS England announced that 29 sites had been selected from 269 applications to receive funding from a £200 million transformation fund. The projects (9 PACS, 14 MCPs and 6 care home projects) will be intensively evaluated with a view to replicating successful models elsewhere.

This [Focus On document from the BMA](#) provides more information on the vanguard sites.

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### New national GP Induction and Refresher scheme

A new national GP Induction and Refresher scheme was launched on 25 March and will go live from 1 April 2015.

The new scheme is part of the GP workforce 10 point action plan, launched in January by NHS England, Health Education England, the RCGP and the BMA. The scheme, developed collaboratively between the four organisations, standardises pre-existing regional schemes providing a consistent single point of contact, via the GP National Recruitment Office, to guide doctors through the system.

It will provide an opportunity for GPs who have previously been on the GMC Register and on the NHS England National Performers List (NPL), to return to General Practice after a career break, raising a family or time spent working abroad. It also supports the safe introduction of overseas GPs who have qualified outside the UK and have no previous NHS experience.

Doctors will also be able to apply from overseas, before they either return or come to the UK.

The scheme will offer a bursary of £2,300 per month and participants will be given a supervised placement in general practice. The placements will be tailored to the needs of doctors to ensure they have the confidence and knowledge needed to be a GP.

More information is available at: <http://gprecruitment.hee.nhs.uk/Induction-Refresher>

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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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