The Humberside Group of Local Medical Committees Ltd

Newsletter: 29 April 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

Update to GP Intelligent Monitoring

CQC recently published the following statement regarding changes to the GP Intelligent Monitoring approach:

"CQC has listened to the concerns of the GP profession and as a result it has agreed not to continue with the use of bandings for GP Intelligent Monitoring, as well as changing the language used to highlight variation between practices so that it does not imply a risk to patient safety. This was agreed at the CQC Board meeting yesterday and was favourably received by members of the advisory group.

The BMA, the RCGP and others had raised serious concerns with CQC on the use of data in producing 'bands', which were seen as a direct judgement of care. Concerns had also been raised about the use of the word 'risk' when analysing variations in the data.

CQC has carried out a thorough review of GP Intelligent Monitoring analyses, including how the public uses this information, following the errors found last year in the original publication. CQC will be correcting GP Intelligent Monitoring reports to improve them, particularly around the analysis of variation between practices. These will be updated next week to reflect the changes needed.

What we published wasn't right regarding the use of language around risk, and on the analysis of variation between practices. We apologise. We also acknowledge that bandings have been perceived as judgements about the quality of care. That was not our intent but today we confirm we are removing them for GP Intelligent Monitoring nonetheless.

In conclusion, we are at the beginning of a journey to use data effectively to regulate general practice. We will continue to improve and are committed to continuing productive and engaged discussions with GP stakeholders on our developing approach to regulation, which will continue to be underpinned by the appropriate use of data. CQC has listened to the concerns raised by the profession and are addressing those concerns."

CQC guidance for providers to support the new requirement to display CQC ratings

These ratings tell the public whether a service is outstanding, good, requires improvement or inadequate. The guidance and consultation response document are available on the CQC website.

Key points to note from the guidance:

- If you have been awarded a rating (outstanding, good, requires improvement or inadequate) from CQC, you must display it in each and every premises where a regulated activity is being delivered, in your main place of business, and on your website(s), where people will be sure to see it. **This is a legal requirement from 1 April 2015.**
- Your ratings must be displayed at the premises where your service is being provided unless you are delivering care to someone in their own home.
- CQC will assess whether or not your ratings are displayed legibly and conspicuously when they inspect.
- CQC will make posters for physical display of your rating available to download from their website. CQC strongly recommends that practices use these posters as they will help practices ensure they meet the requirements of the regulations.
- Practices have a maximum of 21 calendar days to display their ratings from the date their inspection report is published on the CQC website.

The requirement to display ratings came into force from 1 April 2015. If you have already received a rating from CQC prior to this date, you will have 21 calendar days from 1 April in which to download, print and display your poster(s) for physical display and to make amends to your website to meet the online display requirement.

QCQ will carry out a review of the impact of the posters and online display and make iterative improvements based on feedback from the public, providers and other stakeholders.

CLINICAL ISSUES

Preventing suicide among lesbian, gay and bisexual young people - A toolkit for nurses

Public Health England and the Royal College of Nursing have produced this new toolkit primarily for nurses who work with children and young people, whether in community or hospital settings, including school nurses, **practice nurses** and accident and emergency nurses.

This toolkit aims to help nurses develop their skills and knowledge and recognise the wider context of mental health in relation to LGB sexual orientation and identity. It provides a general outline for health professionals looking to increase their skills and knowledge around suicide prevention strategies with LGB young people.

The national strategy recommends that frontline staff working with high risk groups receive training in the recognition, assessment and management of risk and fully understand their roles and responsibilities.

Read the toolkit.

Vaccinations and Immunisations guidance and service specifications - England

The Vaccination and Immunisation programme 2015/16 – Guidance and Audit requirements and the Technical requirements for 2015/16 contract changes have now been published on NHS Employers Vaccs and Imms pages. The service specifications for Childhood flu, Seasonal influenza and pneumococcal, MenC freshers, Pertussis (pregnant women) and Shingles (catch up) vaccination programmes are available from the NHS England Commissioning page.

The BMA website vaccinations and immunisations page has also been updated to reflect the changes for 2015/16 and has links to all the guidance documents and service specifications.

TRAINING, EVENTS & OPPORTUNITIES

Health and Wellbeing Tea Time Talks

The University of Hull is running a series of health focused Tea Time Talks which will take place in Hull between May and July. The first talk kicks off with Professor Andrew Clark, discussing heart disease on 5th May, followed by a talk a week later on heart failure.

The other topics to be covered are:

- The world's number one killer: "Can you save yourselves?"
- Worse than cancer: heart failure and the triumph of modern medicine
- Palliative Care for people with heart failure
- How understanding the family can help us target health interventions
- Detecting cancer early
- Child wellbeing: understanding children's behaviour
- Impact of chronic pain: the example of headache disorders
- Dementia: helping people to live well and rediscovering our communities
- The experiences, emotions and stressors of people living with an ileostomy
- Living with shortness of breath

The Tea Time Talk topics deliberately address a range of current health issues facing residents in our region. The talks will be delivered by academic staff from across a range of faculties, many of whom also practice in medical and healthcare settings across the region. The academics involved are very enthusiastic, knowledgeable and engaging and are really committed to sharing the unique relevance of their research, scholarship and expertise for the wider benefit of society. A leaflet is attached and the website can be found here where you can also book online.

The talks are free. All talks will start at 6.15pm and will finish at approximately 7.45pm. Places are limited so booking is essential.

Read the flier for more info about topics, dates & venues.
Book your place online here

'Need to Know' Neurology: An update for GPs

Tuesday 19 May 2015
Harrogate International Centre, Harrogate

'Need to Know' Neurology is designed to cover key topics in neurology for GPs and any physician seeing patients with neurological disorders.

Nationally renowned speakers coming to Harrogate to attend the Association of British Neurologists Annual Meeting will share their expertise.

The sessions will be case-based with a focus on practical advice.

Cost - £99
View the programme
Book online

PRACTICE MANAGEMENT

Online Access to Patient Records – Frequently Asked Questions

General practices in England are now required to offer patients online access to summary information from their records raising issues about confidentiality and record accuracy.

This article, written by Dr Beverley Ward, MDU medico-legal adviser and published on the MDU website considers the ethical and legal dilemmas GPs and practice managers may have about patients accessing their records online, such as how to protect confidentiality and what to do about patients querying record accuracy. The FAQs covered include:

- What information must we make available online?
- What security measures should we take?
- Can we deny a patient access to their records or limit what they can see?
- Can we offer access to a patient's representative?
- What about parental access to children's records?
- Should we correct or amend records at a patient's request?
- How much explanation should we provide for patients about their records?
- How can we prepare practice staff for this new initiative?

NHS England has published a patient online guide which includes resources to provide to patients.

Occupational Health Scheme for GP Practices

The LMC Secretariat has asked NHS England for an update on the OH scheme for GP practices. A report has gone to NHS England directors to approve the maintenance of the scheme. The scheme will be funded for the next year at the current level until the national specification is promulgated – which may be a lesser service that we are currently able to access. At that point the current scheme will cease and be replaced by the national specification.

Reports Regarding Sale of Patient Data

GPC has learned of reports in the media about the sale of patient data by the online pharmacy service 'Pharmacy2U'. The full details are not yet clear, but some reports suggest that personal details held by Pharmacy2U including names, addresses and dates of birth have been sold, without patient consent, to a marketing company. GPC is concerned by these reports and any potential breach of patient confidentiality. We understand the Information Commissioner's Office and General Pharmaceutical Council are investigating the matter.

GPC will be monitoring developments, but in the meantime practices should be aware of these reports. This may be of particular interest to EMIS practices as we understand EMIS has an integrated Pharmacy2U module.

Business Rates and Premises Valuations – GP Premises

In January 2015, the Upper Tribunal (Lands Chamber) made a ruling that has implications for how business rates are calculated for practices occupying purpose built GP premises. The tribunal examined the way in which purpose built GP surgeries are valued and what kind of valuation methodology should be applied.

The impact of the ruling is that surveyors evaluating purpose built premises must now adopt a valuation methodology which could considerably reduce the valuation of the property for business rates purposes.

As business rates are reimbursable under the Premise Costs Directions, any reduction in business rate should have no impact on the practice. However, as it is reimbursed cost, this is an area where NHS England can recoup costs.

There are a number of important points to note. It may transpire that Area Teams attempt to pressure practices into appealing their current business rates. Any appeal to the Local Authority regarding business rates may only be made by the practice. As such it is entirely at the discretion of the practice and they are under no obligation to comply.

Although it hasn't been explicitly stated, please be aware that any rates rebates from the local authority to the practice will almost certainly be clawed back by NHS England. **We are also aware that some legal firms are approaching practices about applying for a rebate. Given the reimbursable nature of business rates, practices would receive no financial advantage from appealing but may be left with subsequent legal fees.**

NHS Property Services Standard Lease

As has been mentioned previously in our newsletter, the GPC Practice Finance team, in partnership with BMA Law is in the process of developing a standard lease for practices who are tenants of NHS Property Services.

The intention of this lease is that it will act as a template which practices – with assistance from the LMC and their legal advisors – can adapt to suit their specific needs.

The lease is the culmination of many months of negotiations between GPC, BMA Law and NHS Property Services.

The GPC is optimistic that this lease will be rolled out soon and the LMC will communicate again with practices as soon as the ink is dry.

The GPC is also in conversations with Community Health Partnership about developing a standard lease for practices in LIFT buildings.

Mergers & Caretaking Arrangements in General Practice

General Practice has seen an increase in the number of mergers taking place between practices and, also, of NHSE requiring urgent caretaking arrangements to be put into place where practices are closing down.

The rules and mitigation of risk in both these scenarios are not always understood and it is important that practices who are considering merging know why they are doing this, or have understood the benefits of doing so. Equally, practices who are being asked to "caretake" on behalf of NHSE must be clear about how they mitigate any risks associated with the caretaking arrangements.

This bulletin from LMC Law Ltd highlights key issues for consideration in these situations.

List Closures

The LMC is aware of a number of ongoing conversations and concerns regarding list closures.

As you will be aware, the GPC's guidance on this issue can be found in 'Quality First: Managing Workload to Deliver Safe Patient Care'.

GPC has been in contact with NHS England and has received the following statement regarding list closures:

"Patient safety is the top most priority. Both for commissioner and provider, commissioning services need to always reflect that and the contract is a means by which we can ensure that a practice is continuing to offer safe and high quality services to patients.

For a practice to formally close its list, we require it to consult with patients and other key local stakeholders. Clearly, NHS England has a responsibility to ensure that services are available to patients. There are different issues raised if an urban practice closes its list compared to one that supports a very rural and large practice area, so all cases will be considered on a case by case basis.

If a practice is experiencing severe disruption, then of course it may be necessary to take immediate action, so that the practice can maintain safe services. However, a provider should be communicating with the commissioner as soon as practical in order to establish a plan of action to address the issue.

If the issues are not imminently likely to be rectified, then in order to fully assess the impact of a closed list on local services for patients, a formal request to close a list should be made, so that the views of patients as well as local GP and community pharmacy services can be taken into account. In most circumstances, we find that patient groups and local health services are very understanding of a practice difficulties, however practices don't exist in isolation, and we need to ensure that a closed list does not adversely affect the pressures being experienced elsewhere, in another practice.

Because of our need to ensure we engage with the local community regarding the services we commission, we do not accept that a practice can close its list without going through a formal process of engagement. However, we do appreciate that there are times when urgent action needs to be taken. If there is a sudden impact on a practice's ability to provide patient services, we accept that a temporary halt to new patient registration is appropriate, but this should be followed quickly by a discussion with the commissioner to identify an action plan to address the issues. Where it is evident that the issues can be resolved within a short time scale, then we would look to support a practice address these issues without requiring formal list closure. [our emphasis]

If progress was not being made, we would advise that consideration be given formally to close the list.

Where a practice is opting to restrict patient registration without discussing the implications and appropriate actions with NHS England, we would consider whether contractual action ought to be taken." [our emphasis]

NHS England has agreed to work with GPC on producing further guidance. The LMC will circulate this guidance as soon as it is available.

GUIDANCE & RESOURCES

Collaborative GP Networks – A Step by Step Guide to Setting Up a GP Network

The BMA has published a step by step guide to setting up a GP Network.

An increasing number of GP practices are considering entering into some kind of collaborative arrangement with other practices. GP networks go by many names: federations, networks, collaborations, joint ventures, alliances. These terms are often used interchangeably to describe multiple practices coming together for a common goal.

Whether this is driven by the desire to share costs and resources (for instance, workforce or facilities) or as a vehicle to bid for enhanced services contracts, providing general practice at scale is increasingly being viewed as the future of general practice.

This paper is designed to walk GPs through a list of key points for those practices actively establishing, or joining, a GP network, or those who are considering it. As individual GPs, practices and localities all have their own personalities and requirements, this paper should be regarded as food for thought rather than detailed guidance.

Other GPC guidance relating to GP networks and federations can be found on the BMA website: http://bma.org.uk/practical-support-at-work/gp-practices/gp-networks

CONSULTATIONS

ESSENTIAL READING – General Practice and Integration: Becoming Architects of New Care Models in England

On 17 April, the BMA Published a discussion document entitled General practice and integration: Becoming architects of new care models in England. **The LMC is keen to receive feedback and stimulate discussion about the issues raised in this document.**

In this discussion document, the BMA states that:

"Regardless of the outcome of the general election, policy movement towards more integrated models of working ***is now inevitable*** *and* ***it is a question of how not if sectors of health (and social) care collaborate, reorganise and become subject to new commissioning arrangements****."*

This statement raises many questions, such as….

- Is there an appetite amongst GPs to be at the forefront of shaping and leading changes, rather than simply being subject to changes driven by commissioners or secondary care?
- How can GPs proactively approach the development of new models of care?
- What are the alternatives to this drive towards greater integration?
- Which models are most likely to promote and protect the 'best bits' of general practice?
- Which models are most likely to address the elements of general practice that are not working for patients or for GPs themselves e.g. burdensome bureaucracy?
- What support does general practice need to be able to facilitate these discussions?

The LMC welcomes any comments on the ideas set out in the document and any responses to the above questions either from a national or a local perspective. Please email your comments to the Secretariat at humberside.lmcgroup@nhs.net

GENERAL NEWS

More Results from the BMA's Biggest Ever GP Survey

Last week, the BMA launched the full and final results of their biggest ever GP survey, which carries with it the voice of 15,560 GPs.

Going into the general election, all the party manifestos for the NHS are predicated on an expanded role for general practice and there being significantly more GPs. Regardless of how realistic this is, our survey provides a comprehensive picture of the views of the profession and provides clear messages to the incoming government.

Two weeks ago the BMA published the first results, which underlined that inadequate consultation times and excessive workload are damaging the quality of care GPs can provide. Last week, the second release highlighted the alarming finding that one in three GPs intends to retire in the next five years and one in five GP trainees intends to work overseas after qualification. Worryingly, even if we were to recruit more GPs, these results warn that this will be more than offset by those leaving the profession, which would further deepen the workforce crisis in general practice.

The survey shows that what GPs value most are exactly the same factors that are key to patients: continuity of care, trust and confidentiality, and the holistic care that is the cornerstone of general practice.

Unrealistic headline pledges of seven-day services or quicker access will only exacerbate recruitment and retention problems, since this will demotivate GPs further by requiring them to focus on an access-driven agenda at the expense of providing personalised continuity of care.

The survey identified the following key problems and deterrents to potential recruits:

- excessive workload
- unresourced and inappropriate transfer of work into general practice
- bureaucracy
- lack of time with patients
- and overregulation.

On contractual matters, the survey found overwhelming support (82 per cent) for a national GP contract. Other key findings were as follows:

- Eight out of 10 GPs support independent contractor status
- Just over half would like the QOF (quality and outcomes framework) to shrink further, with the money released being transferred into core GP funding
- Only one in 20 feels APMS (alternative provider medical services) contracts offer value for money or continuity of care, and less than one in 10 thinks they offer good care.

The survey also described the environment in which GPs want to work:

- Two in three are in favour of GPs owning their own premises, but others are open-minded regarding working in third-party facilities
- Three in four would like to work in primary care premises with other community-based staff and services
- Three-quarters would like to work in premises with access to primary care hubs, with diagnostic facilities and extended out-of-hospital services.

On new models of care:

- 40 per cent of GPs are already working in collaborative networks or federations
- More than half (52 per cent) are in favour of practices working collaboratively in networks or federations with other healthcare professionals, along the lines of the MCP (multidisciplinary community provider) model in the NHS's Five Year Forward View

- Only one in ten would like to work in a single integrated organisation comprising general practice, hospitals and community services, similar to the PACS (primary and acute care system) model in the Five Year Forward View.

On use of technology:

- 86 per cent of GPs agree that telephone consultations are an effective way of consulting with patients where appropriate
- Almost two-thirds (63 per cent) believe that telephone consultations can be an effective way of managing demand as an alternative to face-to-face consultations
- Most GPs voice concerns about the use of email consultations. Seven in ten (71 per cent) are concerned that email consultations would increase their workload, and almost two-thirds (63 per cent) are worried about the clinical limitations.

Other feedback:

- Only 8% of GPs feel that the standard 10 minute consultation is adequate.
- On opening hours, 51% of GPs feel that all practices should offer at least one extended hours session in a week, 94% of GPs do not feel that practices should offer seven day opening in their own practices and 21% of GPs feel that practices should work in networks to offer seven day opening from shared sites.
- Continuity of care (mentioned by 80% of GPs), trust and confidentiality between GP and patient (61%) and holistic care (51%) are the three factors that GPs feel are most essential to general practice. When GPs were asked to rank the main factors that could help them better deliver these essentials, the top three most mentioned answers were: increased core general practice funding (76%), an increase in the number of GPs (74%) and longer consultation times (70%).
- 93% of GPs feel their workload is impacting negatively on patient care
- 68% of GPs are experiencing a significant, manageable amount of work related stress, while 16% of GPs are experiencing a significant and unmanageable amount of work-related stress.
- The main factors detracting from GPs' commitment to general practice are: workload (71%), unresourced work being moved to general practice (54%) and GPs not having enough time with patients (43%)

NHS Visitor and Migrant Cost Recovery Programme

The Department of Health is examining ways to improve the systems for charging overseas visitors and migrants for NHS healthcare they receive while in England and increase the extent of the services for which they can be charged. The work is being led by the Visitor and Migrant Cost Recovery Programme in the Department of Health.

The European Health Insurance Card (EHIC) incentive scheme was introduced in October 2014 and is not retrospective. It emphasises the need for increased EHIC reporting by NHS trusts and compensates them for the administrative tasks they undertake as part of this cost recovery activity.

Currently the EHIC scheme applies only to secondary care providers. However, they are looking at how primary care providers (including general practitioners) could report European Economic Area (EEA) patient activity so as to help boost the UK's recovery of costs owed when treating EEA patients.

We understand that two consultations will be launched in the Spring of 2015 to look further at extensions to charging. There are plans to start an EHIC pilot in primary care to encourage the collection of EHICs, increase identification of chargeable patients and increase the engagement of GPs with the cost-recovery programme generally. GPC will be involved with a view to starting the pilot as early as possible.

Register Now – Database of GP Networks

The GPC/BMA is establishing a register and database of 'GP networks' which includes all merged 'super-partnerships', GP provider companies or federations/clusters, OOH organisations, and education/training/peer support groups.

The purpose of the database is to enable the BMA and GPC to improve its communication with GP networks and better understand their ambitions, motivations and training and development needs.

The LMC encourages all GP networks to register on this database and provide the name of a lead person.

To register, please follow this link: http://bma-mail.org.uk/t/JVX-3AEBU-1BJCJOU46E/cr.aspx

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Health in the 2015 General Election: an analysis of party manifestos

This briefing from the Nuffield Trust provides analysis of and commentary on the manifesto pledges of the parties that have made up the opposition or government in the most recent parliament – the Conservative, Liberal Democrat and Labour parties. The briefing focuses specifically on the parties' pledges regarding the NHS in England.

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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.