



The Humberside Group of Local Medical Committees Ltd

Newsletter: 13 June 2016

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.

CONTENT

1. INSPECTION

[CQC - New tips and mythbusters for GP practices](#)

2. TRAINING, EVENTS & OPPORTUNITIES

[LMC Event : ACP Development in Northern Lincolnshire](#)

[Safeguarding Training – List of Providers and How to Access](#)
[Practical Cardiology in the Community](#)

3. CLINICAL ISSUES

[Capacity and consent: new tool to support your decision making](#)

4. PRACTICE MANAGEMENT

[Funding for Newly Qualified Nurses – Last Minute Reminder – Deadline 15 June](#)

[Funding for Recruitment of Returning GPs – Deadline 30 June](#)

[SNOMED CT in Primary Care – The forthcoming demise of Read Codes](#)

[Medical Records In/Out processes on SystemOne have changed](#)

[Code mapping issues with the QRISK2 Calculator in SystemOne](#)

[National Framework Agreement for Clinical Waste Services for GPs and Pharmacies](#)

5. GUIDANCE & RESOURCES

[LMC Advice Sheet: Firearms Guidance](#)

[Translation & Interpreting Services – East Riding, Hull and North Lincolnshire](#)

[Accessible Information Standard](#)

[Safeguarding women and girls at risk of FGM – New Guidance](#)

[New guidance to help medical students become good doctors](#)

[2016/17 technical requirements to support the GMS contract](#)

6. CONSULTATIONS

[Consultation: Death Certificate Reforms](#)

7. GENERAL NEWS

[Future of general practice: Next generation of GPs has much to be positive about](#)
[Pharmacists' role in better care homes](#)

INSPECTION

CQC - New tips and mythbusters for GP practices

The Care Quality Commission has published new mythbusters for GP practices on:

- [24-hour retirement from NHS contract and CQC registration](#)
- [prioritising home visits](#)
- [sexual and reproductive healthcare](#)
- [CPR equipment/training in GP practices](#)

TRAINING, EVENTS & OPPORTUNITIES

LMC Event : ACP Development in Northern Lincolnshire

Both North Lincolnshire and North East Lincolnshire are working towards the establishment of separate Accountable Care Partnerships (previously referred to as Accountable Care Organisations) with an overarching body 'The System Board' looking at working at scale over a wider Northern Lincolnshire footprint.

What does that actually mean in reality for GP Practices in North and North East Lincolnshire?

To answer this, the LMC is holding an event that is open to all North and North East Lincolnshire GPs, Practice Managers and Federations on **Tuesday 19 July 3.00-7.00pm at Forest Pines Hotel, Brigg.**

The event will cover:

- A practical case study about the Accountable Care approach that is being developed in the South West New Forest area
- The legal context and governance issues focused on what GPs need to know about Accountable Care (Presented by Hempsons Solicitors)
- The local context – an update on the vision and progress from both North Lincolnshire and North East Lincolnshire CCGs

We will be sending out further information about the event and details of how to book within the next 10 days. However, we wanted to give you prior notice so that you can share the date and begin discussing who may wish to attend from your organisation.

Safeguarding Training – List of Providers and How to Access

NHS England has produced a helpful list of providers of [Safeguarding Training](#) with details of how to access both e-learning and face to face training.

Practical Cardiology in the Community Friday 17 June 2016, The Village Hotel – Hull

This event is aimed at General Practitioners and other healthcare professionals with an interest in cardiovascular medicine.

[Read the Conference Agenda.](#)

Replies should be sent to Clare Kirk (clare.kirk@hey.nhs.uk).

CLINICAL ISSUES

Capacity and consent: new tool to support your decision making

The GMC has launched an [interactive tool](#) for decision-making involving adults which may help you decide what to do when you doubt your patient's capacity to make decisions about their care. It can be used by doctors and other healthcare professionals across the UK.

PRACTICE MANAGEMENT

Funding for Newly Qualified Nurses – Last Minute Reminder – Deadline Extended to Friday 17 June

The extended deadline (17 June) is fast approaching for the General Practice Nurse (GPN) Ready Scheme.

The GPN Ready scheme provides funding to support the development of nurses when they first work in primary care.

The Offer

Health Education England will provide funding of **£8,000 over two years** to those GP practices who offer to appoint a **new NMC registered nurse** to work in their practice, and who are successful in accessing funding through the scheme. **It is anticipated that the nurse will have registered with the NMC no earlier than 1st August 2016.**

The understanding will be that the practice will use these funds to support and supervise the new nurse in a package of formal academic and experiential supervision and learning over a period of not less than two years. In year two, this plan will continue, but will also include an NMC approved mentorship programme (often called Supporting Learning in Practice or 'SLiP').

Click here for [more information about the scheme](#).

Click here for the [application pack](#).

Any queries should be directed to Rebecca Burgess-Dawson, Placement Development Manager at HEE Yorkshire & Humber:

07920 703373

rebecca.burgess-dawson@yh.hee.nhs.uk

Funding for Recruitment of Returning GPs – Deadline 30 June

Practices are reminded that the closing date for the catchily named “Targeted Investment in Recruiting Returning Doctors Pilot 2016” is coming up at the end of June.

The pilot scheme is intended to invest resources in practices which can evidence that they have historically encountered difficulty in recruiting GPs i.e. that they have had a GP vacancy for a minimum of 12 months.

This targeted investment scheme aims to encourage doctors interested in returning to work as a GP in the NHS, and those GPs on the retained doctor scheme, to seek employment in areas which have historically struggled to recruit GPs.

The pilot enables designated practices to access up to £10,000 in relocation allowances and an educational bursary for GPs they are able to recruit, assisting them to encourage GPs to take up positions.

Full details of the scheme including FAQs and the application form can be accessed [here](#).

SNOMED CT in Primary Care – The forthcoming demise of Read Codes

The forthcoming demise of read codes will affect every practice over the next two years...

Currently there are three vocabularies for clinical systems in use across the NHS: the Read Codes v2, Read Codes v3 (also known as Clinical Terms Version 3 or CTV3) and SNOMED CT. The National Information Board set out in their '[Personalised Health and Care 2020: A Framework for Action](#)' that a single terminology should be used across the NHS and that this should be SNOMED CT.

The National Informatics Board (NIB) Framework sets out timeframes for the implementation of SNOMED CT as the single clinical terminology across the NHS.



Timeline showing high-level milestones and activity between Dec 2014 and April 2018.

The programme is being delivered under the national GPSoC framework and there is a Programme Board responsible for co-ordinating the safe and effective transition from the Read codes to SNOMED CT within primary care GP systems. The primary purpose of the programme is to ensure the synchronisation of the changes required across the NHS so that GP IT suppliers are supported to enable them to implement SNOMED CT in their systems. This will facilitate the withdrawal of the Read Codes and the withdrawal of the Read Drug and Appliance Dictionary, both being currently in use in primary care.

The benefits of adopting SNOMED CT are cited as:

All healthcare; all specialties

It provides content for all healthcare professions and all different clinical specialties. SNOMED CT is dynamic so will continue to support future requirements such as genomics.

Improved expressivity

It provides the different levels of detail in clinical phrases required by both clinical specialties and general practitioners. The clinical terms are precise and thus have less ambiguity than some terms in the current Read codes. Some specialist areas, such as microbiology and radiography, are more extensively represented in SNOMED CT than in Read v2.

International

It is an international terminology, which gives the potential to support cross-border data communications and overcome language barriers; but also provides a more efficient market for vendors developing systems.

Logical analysis of data

The features within SNOMED CT provide a wide range of analysis techniques to support clinical audit and research work.

Building for the future

SNOMED CT has been developed to ensure it can support current and future features such as decision support, clinical alerts and complex knowledge base enquiries.

Rob Thompson (Practice Manager, Springhead Medical Practice) recently attended a learning event regarding SNOMED CT and highlighted the following to the Secretariat:

- All clinical systems will be making the transition to SNOMED codes
- No more new 5Byte READ codes (EMIS/VISION) will now be issued
- From October 16, no new CTV3 codes (S1) will be issued
- The whole of primary care will be using SNOMED by April 2018
- QOF Business Rules for 2016/17 will be published in SNOMED for the first time
- It appears that all system suppliers will be running a double coding system during the 2017/18 financial year so practices will be using existing READ codes and SNOMED at the same time
- It is not clear who is responsible for co-ordinating training and implementation
- There will be changes to templates, coding, searches and protocols and it seems that it will largely be up to system suppliers and practices to ensure that this happens
- SNOMED codes are very different to both 5byte and CTV3 and some are 18 digits long

- There were a lot of CCG staff at the learning event who take a lead in designing searches and helping practices with coding and data quality and they did look a bit shaken by what was being suggested.

No doubt practices will start to receive a lot of communications about this transition in the coming months.

A user guide for general practice is available here:

http://systems.hscic.gov.uk/data/uktc/training/snmdct_gp_userg.pdf

Practices may wish to sign up for SNOMED newsletters:

<http://systems.hscic.gov.uk/data/uktc/signup>

There are various training resources available:

<http://systems.hscic.gov.uk/data/uktc/training>

<https://elearning.ihtsdotools.org/course/view.php?id=5>

Medical Records In/Out processes on SystemOne have changed

NOTE: This item applies only to SystemOne Practices

As you are all aware, NHS England has rolled out a new process for how medical records are moved for all GP Practices.

Health Authorities (HAs) will no longer send messages to update the status of a patient record. This means that records on the Sending to HA tab on the Medical Records In/Out screen (under the Links menu on SystemOne) will no longer be removed automatically as the corresponding Medical Records Flag Removal message is not being sent. In addition, no new patients will be added to the Receiving from HAtab on the Medical Records In/Out screen as HAs are no longer sending these messages.

A change went into TPP's 12th May 2016 Maintenance Release so that whenever you print a patients record from the Medical Records In/Out screen you are given the option to mark the record as no longer at your organisation. This will remove the record from the Sending to HA list. Records can also be removed without printing by selecting "Mark Selected Records as Not Here" found at the top of this screen or by right-clicking on a patient.

This change was made to avoid NHS England's new process causing practices to have to go into each patient's record and change their record status via Security Controlled Procedures.

Code mapping issues with the QRISK2 Calculator in SystemOne

As you will be aware, TPP announced on 9 June 2016 that there had been code mapping issues with the QRISK2 Calculator in SystemOne.

NHS England wrote to practices last week outlining how this issue is going to be approached. We understand that the expectation is that the average SystemOne practice will have approximately 100 patients affected by errors in the QRISK2 scores.

GPC has highlighted to NHS England that the workload implications for practices as a result of this incident, which will vary (potentially significantly) from practice to practice, must be recognised. NHS England will be carrying out an audit, using a number of practices, to assess the workload impact. **The issue of how practices will be compensated for this additional work has not yet been resolved but this is something which GPC is insisting NHS England addresses to ensure that practices are resourced appropriately.**

NHS England will also be circulating to practices advice from its National Clinical Directors regarding priority groups for clinical review, along with a system-wide statins/antihypertensives review template from TPP, which will enable practices to document the clinical outcome from undertaking the patient reviews

Clearly there are likely to be a number of questions and issues as a result of this process and we will ensure that the LMC passes on any information as it becomes available.

National Framework Agreement for Clinical Waste Services for GPs and Pharmacies

Following the very rocky transition to PCSE (medical records transfer and supplies ordering), the LMC is reluctant to tell you about more change on the horizon....

NHS England has launched a new national framework agreement for the collection and disposal of clinical waste from GP surgeries and unwanted medicines from pharmacies. NHS England is responsible for funding and arranging these services on behalf of GPs and pharmacies.

The NHSE website states:

“This new approach will deliver a number of benefits including improved quality standards, consistency, better management of contracts and value for money.

Following a procurement process, five suppliers have been chosen after successfully meeting a range of quality and value for money criteria to deliver the best clinical waste services for GPs and pharmacists. Changes aren’t happening straight away for GPs and pharmacists as implementation will be phased. A key priority will be to ensure a smooth transition for GPs and pharmacists as we move to new contracts.”

The LMC will keep you posted as more information emerges. In the meantime, you may be interested to read the [Factsheet](#).

GUIDANCE & RESOURCES

LMC Advice Sheet: Firearms Guidance

The LMC has now updated its [Firearms Guidance](#) for local practices to include:

- Updated decision tree
- Template letters to send to the police to decline this work
- Background information about the issues associated with the whole process.

Please contact the LMC Secretariat if you need any further clarification or information regarding this issue.

Translation & Interpreting Services – East Riding, Hull and North Lincolnshire

The LMC has been asked by AA Global to remind practices in the East Riding, Hull and North Lincolnshire of the process for accessing interpreting and translation services, including British Sign Language.

[How to access AA Global Language Services](#)

[How to access BSL Services from AA Global](#)

Accessible Information Standard

The Accessible Information Standard aims to ensure that disabled people have access to information they can understand and the communication support they may need. Practices in England are expected to follow the Standard by 31 July 2016 and the LMC is aware that many practices have already achieved or are working towards achieving the standard.

The BMA has now produced [Focus on the Accessible Information Standard for GP practices](#) which give details of the key requirements and how practices can ensure they are compliant.

There are five key requirements of the Standard:

1. Ask patients and carers if they have any information or communication needs, and find out how to meet their needs;
2. Record those needs in a set way;
3. Highlight a patient's file, so it is clear that they have information or communication needs, and clearly explain how those needs should be met;
4. Share information about a person's needs with other NHS and adult social care providers, when they have consent or permission to do so;
5. Make sure that people get information in an accessible way and communication support if they need it.

The BMA document sets out the steps practices should take with respect to each of the 5 key requirements.

Safeguarding women and girls at risk of FGM – New Guidance

The Department of Health has produced [guidance](#) to support an NHS organisation when they are developing or reviewing safeguarding policies and procedures around female genital mutilation (FGM).

They can be used by health professionals from all sectors, particularly designated and named safeguarding leads, and local safeguarding children board members. It is based on existing best practice within the NHS.

They have been developed in partnership with health and social care professionals, and professional bodies.

All organisations must ensure that their approach to safeguarding against FGM is multi-agency and multi-disciplinary. They should work with partners in social services and the police.

New guidance to help medical students become good doctors

Understanding the importance of patient confidentiality and behaving appropriately on social media are among the professional values explained in [new guidance](#) for UK medical students.

2016/17 technical requirements to support the GMS contract

NHS Employers has now published 2016/17 technical requirements for the GMS contract.

<http://www.nhsemployers.org/GMS201617>

Document:

<http://www.nhsemployers.org/~media/Employers/Documents/Primary%20care%20contracts/GMS/Technical%20requirements%20guidance/2016-17%20Technical%20requirements%20for%20GMS%20contract%20changes.pdf>

CONSULTATIONS

Consultation: Death Certificate Reforms

[This consultation](#) by the Department of Health seeks views on proposed changes to the death certification process and accompanying draft regulations. These changes include the introduction of independent medical examiners who will confirm cause of all deaths that do not need to be investigated by a coroner. The consultation also seeks views about making changes to cremation

regulations – the current role of the medical referee, who authorises cremations at a crematorium, will be abolished when medical examiners are introduced.

The consultation closes later this week – 15 June at 11.45pm.

The reforms are expected to be introduced from April 2018.

GENERAL NEWS

Future of general practice: Next generation of GPs has much to be positive about

Dr Thomas Abraham, a GP in Hull, reflects on more than two decades in general practice and how times have changed between the start of his career and that of his daughter Rowena, who recently joined him as a member of the RCGP.

<http://www.gponline.com/future-general-practice-next-generation-gps-positive/article/1397377>

Pharmacists' role in better care homes

The Royal Pharmaceutical Society has published [The Right Medicine - Improving Care in Care Homes](#).

The report sets out an argument that the time is right to change the way medicines are used in care homes. It argues that:

- too many care home residents are taking medicines which are doing them more harm than good
- a more efficient system would have one pharmacist, as part of a multidisciplinary team, responsible for the whole system of medicines and their use within a care home.



The Humberside Group of Local Medical Committees Ltd | Albion House | Albion Lane | Willerby | Hull | HU10 6TS
01482 655111 | humberside.lmcgroup@nhs.net | www.humbersidelmc.org.uk |
Twitter @HumbersideLMC

Registered in England & Wales. Registered No. 8624868. The Humberside Group of Local Medical Committees Limited does not provide legal or financial advice and thereby excludes all liability howsoever arising in circumstances where any individual, person or entity has suffered any loss or damage arising from the use of information provided by The Humberside Group of Local Medical Committees Limited in circumstances where professional legal or financial advice ought reasonably to have been obtained. The Humberside Group of Local Medical Committees Limited provides representation, guidance and support to GPs and practices. The Humberside Group of Local Medical Committees Limited strongly advises individuals or practices to obtain independent legal/financial advice.