The Humberside Group of Local Medical Committees Ltd

Newsletter: 12 August 2016

CONTENT

COMMISSIONING

Essential Reading: The multispecialty community provider (MCP) emerging care model and contract framework

This framework document describes what being an MCP means, based on assembling the core features from the 14 MCP vanguards into a common framework. In addition, the document includes proposals for how the new voluntary contract may work. It proposes the contract will be a multi-year contract with payment operating on the basis of a whole population budget, a new pay-for-performance incentive scheme and risk-and gain-share agreement with the hospital sector.

Feedback and suggestions on this document are invited and should be sent to england.newcaremodelsmcp@nhs.net by 2 September 2016.

Read the document
Two leading GPs give their view on what it means to be a Multispecialty Community Provider (MCP)

TRAINING, EVENTS & OPPORTUNITIES

General Practice Resilience Programme

This guidance describes how the new General Practice Resilience Programme will operate to deliver the commitment set out in the General Practice Forward View to invest £40 million over the next four years to support struggling practices.

Read the Guidance Document

General Practice Improvement Leader Programme – Open for Expressions of Interest

Free places will be provided on the General Practice Improvement Leader training programme from NHS England's sustainable improvement team. This is a successful 9 month personal development programme to build confidence and skills for leading service redesign in your practice or federation. Expressions of interest must be submitted by 26 August 2016.

Link to page for submitting Expressions of Interest

Time for Care programme – Open for Expressions of Interest

NHS England’s general practice development programme is offering to provide national expertise and support for groups of practices in a CCG area to implement their choice of innovations that release time for care. Expressions of interest should be submitted by 26 August 2016.

Link to page for submitting Expressions of Interest

GP Board Member Vacancy – North Lincolnshire CCG

North Lincolnshire CCG is looking for a new GP Board Member with effect from 1st October 2016.

The minimum commitment for the post is for 2 sessions per week, which involves attendance every Thursday afternoon (at either Board and Engine Room meetings, Board Workshops or CoM meetings), along with reading time and preparation for attendance at other events where required. There may also be the opportunity for further sessions depending on any areas the successful candidate may take the lead on.

The applications will be assessed by two external bodies, a Chair of a neighbouring CCG and the LMC. If more than one applicant is found suitable, then the LMC will be asked to facilitate an election.

This opportunity is open to all GPs working in North Lincolnshire, regardless of their employment status, i.e. partner, salaried or locum.

If you would like further discussion with Dr Sanderson about this role, she is more than happy to arrange a telephone call at your convenience.

Applications should be on an application form. All applications should be submitted to Pete LeQuelenec, Business Manager for the CCG at, peter.lequelenec@nhs.net.

Read the Nolan Principles

Closing date for all applications is 31st August 2016

Event: Respiratory Disease – A Journey Through Life

Wednesday 14 September 2016
Village Urban Resort, Henry Boot Way, Priory Way, Hull, HU4 7DY

This event is organised by Hull & East Riding Airways Focus Group.
Read Flier
Read Programme

Save the Date – Question Time: The Present and Future of General Practice

20 October 2016 – evening

We are delighted to announce that the LMC will be hosting a Question Time event on the evening of 20 October 2016. The venue has yet to be confirmed but we hope you will hold the date in your diaries until we are in a position to share more information.

This will be your opportunity to put your questions about the present and future of general practice to a panel composed of high-profile national figures including:

- Dr Chaand Nagpaul - Chair of the BMA's General Practitioners Committee
- Rosamond Roughton - Director of NHS Commissioning

- Professor Nick Harding OBE – Founding member of the Modality Super Partnership (an MCP Vanguard)
- Dr Mark Purvis - Director of Postgraduate General Practice Education at Health Education England Yorkshire & the Humber
- Emma Latimer - Interim lead for the Humber, Coast and Vale Sustainability and Transformation Plan (STP) area

CLINICAL ISSUES

Improving how hospitals work with general practice – new requirements on hospitals in the NHS Standard Contract 2016/17

NHS England has outlined six new requirements in the NHS Standard Contract for hospitals to adhere to in relation to the hospital/general practice interface. Included are requirements for hospitals to publish local access policies, to send discharge summaries within 24 hours, to improve management of onward referrals, provide medication on discharge, and detailed requirements around notification of the results of investigations and treatments.

FP10s and Private Prescriptions

GPC has recently been made aware of an issue about the use of private prescriptions alongside FP10s and has produced this note which seeks to clarify the position following legal advice.

The question raised relates specifically to whether GPs can issue private prescription forms at the same time as FP10s, in circumstances where this is a cheaper option for the patient than paying the NHS prescription charge.

GPC was asked to consider whether this could be either a breach of the Regulations or collusion to defraud the NHS, who would otherwise recoup the prescription charge.

The legal advice we have received is clear that in cases of treatment under the primary care contract, GPs **may not** issue private prescriptions alongside and as an alternative to FP10s. In any case where a GP is obliged to issue an FP10, the concurrent issue of a private prescription will be a breach of obligation. In any case where a GP is obliged or entitled to issue an FP10 the concurrent issue of a private prescription will be conduct calculated to deprive the NHS of a small amount of money and will on that account also be wrongful.

The advice is therefore that GPs do not issue private prescriptions under these circumstances.

PRACTICE MANAGEMENT

The Retained Doctor Scheme Guidance 2016

From 1 July 2016, NHS England has increased both the money for practices employing a retained GP (RGP) and the annual payment towards professional expenses for GPs on the scheme.
https://www.england.nhs.uk/commissioning/primary-care-comm/gp-workforce/retained-doctors/

Read the Guidance

'GP Browser' Functionality in Lorenzo - Update

You may remember that way back during the introduction of Lorenzo, HEY agreed to develop an in-house version of the 'GP Browser' which practices had access to before Lorenzo.

The LMC has been advised that this functionality is almost ready to deploy. It will provide practice based access, smartcard controlled, to the following:

Current Inpatients
ED attendances
Discharges
Waiting lists
OPD appointments
Path and Rad Orders and Results
Correspondence - IDS and other GP correspondence

Towards the end of the year it is also HEY's intention to incorporate the Radiology urgent alerting and acknowledge process. This would allow GPs to be alerted to urgent Radiology results and also acknowledge that they have been seen.

The deployment plan is to have a number of practices configured to run with and test the application by the end of August. The pilot practices all have members who sit on the IT Development Group and use the three different clinical systems. Once those practices are satisfied with testing and any initial problems have been ironed out, the plan is to commence full roll out mid-late September.

Update on PCSE-Capita Debacle

GPC has carried out a national exercise via LMCs to establish the current situation regarding PCSE. The majority of the information gathered showed that there has been no real improvement on the ground, and that there are still a number of issues that need to be addressed nationally, as well as some local issues. Many of the problems are widespread across England and not limited to any particular area(s). Of the 175 emails received as part of the consultation exercise, only 5 highlighted some areas of improvement.

Karen Wheeler, NHS England National Director: Transformation and Corporate Operations is ultimately responsible for the contract with Capita. Karen has commenced a daily teleconference with PCSE to monitor the situation and hold them to account. She has informed GPC that these meetings will become less frequent only when she is satisfied that the situation has improved and these improvements have been realised on the ground. She also has regular meetings with the Chief Operating Officer for the whole of Capita, who assures her that they have been pumping in extra resource to deal with the situation. GPC has been provided with assurances that the list of issues will be raised in her daily meetings and will be monitored to ensure the situation improves across the country in a timely manner.

GPC is also continuing to liaise directly with PCSE and have a meeting scheduled for this week to discuss the issues and improvement plans. They will be seeking immediate solutions which can be measured, rather than just receiving the same rhetoric.

At a local level, the LMC continues to relay practice problems and concerns to PCSE and we have yet another meeting scheduled. We recognise that the response to the problems being experienced is far from satisfactory and would encourage practices to use incident reporting systems where patient safety is being compromised. This will allow proper monitoring by CCGs of the scale of the ongoing problems and will provide evidence to maintain pressure on PCSE.

Advice on preventing telephone fraud

The LMC has been made aware that telephone systems used by practices may be vulnerable to fraudsters hacking into them and making premium rate calls. In one instance £2500 - £5000 of calls were placed over one weekend.

This is known as PBX/dial-through fraud, which occurs when hackers target Private Branch Exchanges (PBX) from the outside and use them to make a high volume of calls to premium rate or overseas numbers.

The victims are usually small to medium-sized businesses, but the National Fraud Intelligence Bureau has also noticed that a number of schools, charities and medical/dental practices being targeted where fraudsters are taking advantage of flaws in security systems.

This type of fraud is most likely to occur when organisations are most vulnerable i.e. during times when businesses are closed but their telephone systems are not, for example in the early hours of the morning or over a weekend or public holiday.

There are commercial organisations that will install software to prevent this and practices should consider whether this is a cost effective solution. However, a simpler alternative might be to place a block on international calls with the telephone system supplier.

This step could raise a potential problem, for example, if a patient is hospitalised abroad and clinician to clinician communication is required but this is likely to be a rare occurrence. However, the LMC would advise practices to ensure that an alternative mechanism for making and receiving international calls is in place for such occasional incidents e.g. using a GP's mobile phone. The cost of the call can then be reimbursed to the individual.

Code mapping issues with the QRISK2 Calculator - Update

This item provides an update on the item we first reported in our June newsletter. The LMC has recently sought an update on progress from GPC which is as follows:

> NHSE have a concern that a large number of practices have not yet accessed information to tell them how many patients they have affected and by how much those patients' calculations are inaccurate, and hence whether the clinical decisions made are still correct. They are concerned about any patient affected having an event, and having cause for complaint/litigation.
>
> What practices must do, and should have done so by now, is to gather the information regarding their patients and have in hand a plan to deal with them in a logical manner. There is no requirement to see face to face, only to ensure that patients who are affected are informed and can, if they want, change their mind about management.

NHSE will shortly be sending out three slightly different letters, one to practices that have accessed the lists, one to those that have not, and another to non-TPP practices such as those using EMIS. These practices will have been already contacted by HSCIC and informed of the affected patients. Enclosed with that letter will be a survey. This is being organised by the statisticians at NHSE to ensure validity. It will cover all costs involved, including admin time, postage, and even filling in the survey itself. NHSE are very much on the GPs' side with this with regard to getting TPP to pay the costs but to do so need good information.

All practices should therefore:

- Access the data so they know the extent of their problem
- If they have given patients advice, on the basis of faulty IT information, that is proven to be inaccurate they need to put this right, with a degree of urgency commensurate with the significance of the error and taking into account other patients' needs
- Complete the survey to allow an accurate assessment of the reimbursement that NHSE/GPC need to press for

In summary…. The LMC is still hopeful that practices will be reimbursed by TPP for the costs associated with rectifying this problem but unfortunately there is still further work to do before we will have any confirmation of this and how much it might be.

Read letter from Dr Andrew Green, Chair, GPC Clinical & Prescribing Subcommittee regarding Prioritisation of work with respect to QRISK2 miscalculations

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Reminder: Direction of Prescriptions

The LMC has received several reports of alleged Direction of Prescriptions and would remind practices of the rules regarding this.

Patients should always have a free choice as to where they have their NHS prescriptions dispensed (and this includes patients of Dispensing Practices) and practices should refrain from directing their patients to a particular pharmacy. This is covered by the GMC's Good Practice Guidelines and also the GMS/PMS Regulations concerning electronic prescription transmission. Pharmacists' terms of Service also preclude a pharmacist from receiving an inducement to process prescriptions.

Read full LMC Advice Sheet here

Communication to patients about the Implementation of type 2 patient objections

As you may be aware patients can object to their personal confidential information being shared by the HSCIC for purposes other than their own direct care. This is known as a type 2 objection, more commonly referred to as an opt-out in communications with patients. The HSCIC has started to uphold type 2 objections from 29 April 2016 in line with a Direction from the Secretary of State.

The delay in implementing the objections from the time they were first offered (January 2014) has been investigated by the Information Commissioners Office (ICO) following a complaint. The ICO has ruled that a breach of the Data Protection Act has taken place as the HSCIC has processed data

unfairly. Therefore the HSCIC has agreed an additional set of remedial actions in an Undertaking to the ICO which are as detailed in this link:

https://ico.org.uk/action-weve-taken/enforcement/health-and-social-care-information-centre-hscic/

As part of the ICO Undertaking, HSCIC has been asked to take action regarding communication to patients about the implementation of type 2 objections. As part of this commitment, HSCIC has published information for patients on the NHS Choices website.

Given that the type 2 objections are recorded in the patients' medical record held by the GP practices, HSCIC is also asking GP practices to consider how they may wish to make this information available to their patients through their practice. For example, the information could be posted on/or links to it put on practice websites and/or the information could be printed out and placed in practice waiting rooms.

Where queries are received from patients about the objections they have registered at your practice, practices will need to respond to these on an individual basis. Where there are queries about type 2 objections in general they can be directed to the HSCICs website at: http://www.hscic.gov.uk/yourinfo

GUIDANCE & RESOURCES

NHSE Yorkshire & Humber Medical Appraisal and Revalidation Website

NHSE has developed a website where guidance on appraisal and revalidation can be found. It also includes information on scope of work and supporting information and is available via this link: http://dev.nyhcsu.org.uk/sites/nyhappraisal

Quality First Web Portal

For practical ways in which practices can manage workload to deliver safe care, the BMA has launched a **Quality First Web Portal**, aimed at practices and individual GPs. This provides a single portal, including 'how to' guides, with real case examples of positive change.

Resources are available in the following areas:

- Managing inappropriate workload
- Guidance on establishing or joining a GP network or federation
- Collaboration and working at scale
- Technology – new ways of working
- Patient empowerment
- Assessing and negotiating workload

The original template pack (from the Quality First written publication) has been updated and also converted to Word, with additional SystmOne, EMIS and Vision web templates ready to be exported into practice systems with ease. This should enable automated letters to push back on inappropriate workload, and should ideally be implemented via coordinated local strategies involving LMCs and CCGs.

Please let the LMC know of any examples of effective workload management as we would like to produce some local case studies to share with practices.

Medical Reports for the Department for Work & Pensions

The DWP has updated the guidance for Healthcare professionals on providing medical reports to the DWP.

Access the new guidance here.

GENERAL NEWS

GP Indemnity Review

The results of the GP Indemnity Review have been published and set out evidence for the scale of indemnity inflation and the underlying cost-drivers as well as a series of proposals to address indemnity pressures and underlying factors.

https://www.england.nhs.uk/ourwork/gpfv/gp-indemnity/
Review: https://www.england.nhs.uk/wp-content/uploads/2016/07/gp-indemnity-rev-summary.pdf

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CQC reports loss of DBS documentation

The Care Quality Commission has reported the loss of a number of Disclosure and Barring Service certificates relating to individuals who had applied to become registered managers and providers.
http://www.cqc.org.uk/content/cqc-reports-loss-dbs-documentation

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GPs must be recognised as specialists in general practice, say RCGP and the BMA

The Royal College of GPs and the BMA have released a joint statement saying that the recognition of GPs as specialists in general practice/family medicine in the UK is long overdue.
http://www.rcgp.org.uk/news/2016/august/gps-must-be-recognised-as-specialists-in-general-practice-say-rcgp-and-the-bma.aspx

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