



# The Humberside Group of Local Medical Committees Ltd

Newsletter: 24 October 2014

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.

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## CONSULTATIONS

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### Consultation: NICE Medicines Optimisation Guideline

The NICE Medicines Optimisation Clinical Guideline is now out for consultation.

Please read the full version of the draft guideline by following the link below and clicking on the 'Full Version' tab under consultation documents.

<http://www.nice.org.uk/guidance/indevelopment/gid-cgwave0676/consultation>

Please send your response directly to Lorna Grant at [lorna.grant@humber.nhs.uk](mailto:lorna.grant@humber.nhs.uk) by 31 October 2014.

Please do not send your responses directly to NICE.

## GUIDANCE AND RESOURCES

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### Maternity Leave for GP Trainees

GPC understands there may be some confusion for area teams around payment of maternity leave to GP trainees.

To clarify, each new post on a rotation that a GP Trainee undertakes does not constitute a break in service. It has been confirmed to the GPC that there has been no change in policy from NHS England's National Support Centre.

Where practices have followed the provisions in the GP trainees framework contract on maternity pay, which are consistent with the Directions to Health Education England (GP Registrars) 2013 and the NHS Litigation Authority (GP Registrars) 2013, the GP Trainee is entitled to receive ordinary maternity pay (OMP) and should be fully reimbursed in accordance with the Directions.

Paragraph 15.3.(b)(iii) of the Statement of Financial Entitlements (SFE) 2013 (page 58) confirms that NHS England should reimburse maternity pay if 'the performer on leave is entitled to that leave under... a contract of employment'.

## TRAINING & EVENTS

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### GP Update Course

Allam Lecture Theatre, Derwent Building, University of Hull  
Saturday 18 April 2015, 10:00-16:00

A one day update course by GPs for GPs, GP STs, Practice Nurses and Nurse Practitioners.

The GP Update Course is designed to be relevant to clinical practice and to help you meet the requirements for revalidation.

This course contains no theorists, no gurus and no pharma sponsors -- just real-life GPs who will be back seeing patients as soon as the course has finished. The course has been accredited by the RCGP since February 2012 and is now the only one of its type to be completely free from pharmaceutical company sponsorship.

[Click here to view the course flyer](#) for more information and prices  
[Click here to book online](#)

## COMMISSIONING

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### New Dementia Enhanced Service

Last Friday, a new dementia enhanced service was announced by NHS England. It is time limited to 31 March 2015. This enhanced service is designed to operate in addition to the existing dementia enhanced service, not instead of it.

The GPC did not have sight of nor approve the specification for this enhanced service.

The key points are:

- The enhanced service pays for diagnoses only;
- No payment for participation in the scheme or for planning;
- Payment will be based on the net increase in the dementia register on March 31 2015;
- No payment for newly diagnosed patients who subsequently die or leave the practice;
- No payment where patients are referred to specialist services before March 31 2015 but diagnosed after this date.

The above points should be considered when practices are deciding whether or not to sign up to the scheme.

## PRACTICE MANAGEMENT

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### FFT Case Study: Bath & North East Somerset GP Practices

The National Insight Team have produced a case study from Bath & North East Somerset highlighting their experience implementing FFT, improvements achieved through FFT, data collection methods and monitoring of patient experience using FFT across a pathway of care, traversing organisational healthcare boundaries and focus group development within a community/GP area of care.

Organisation GP surgeries in Bath and North East Somerset (B&NES).

## Project Implementation of the NHS Friends and Family Test (FFT) into General Practice- Heartfelt pilot

### What we did

We set up a pilot in nine GP practices (a third of those in the B&NES locality), aimed at testing the FFT as a means of capturing patient feedback from a specific group of patients who were diagnosed with heart failure.

One of the practices was already involved as a general pilot site and had been capturing its general practice population feedback through FFT since September 2013. FFT was simultaneously open to all patients attending the practice.

All pilot sites were equipped with a mobile tablet device which was mounted on a pedestal in reception and equipped with the feedback software. Real-time data were collected through the tablet and the real-time results were accessible to each pilot site and centrally to the clinical commissioning group lead.

We invited patients with heart failure to participate in the pilot study via a letter and information leaflet. We also displayed posters in the reception area and clinical rooms, which illustrated the FFT device and invited patients generally to take part.

An identifier question was also presented on the first page of the FFT to identify heart failure patients. This was so their data could be extracted for separate analysis.

### What we learned

The most important factor in the success of the Heartfelt pilot was making sure staff were signed up to FFT and actively engaged with patients to encourage completion of FFT. This made a real difference to improving response rates, as indicated by much lower response rates from the surgeries where staff engagement and commitment was poor. Other things that worked well both for engaging staff and encouraging uptake of the FFT in general practices were:

- Regular qualitative feedback to practice staff to boost morale and give a sense of reward through job satisfaction/doing a good job.
- Turning off the electronic check-in facility in the waiting area so that patients have a face-to-face encounter with a receptionist who reminds them to complete the survey before they leave.
- Engaging reception staff and encouraging them to facilitate the patient uptake: the practice with the highest uptake rates approached it as a whole team.
- Putting in place small incentives for practice staff to encourage patient uptake, such as a gift voucher.
- Making sure negative comments formed part of the appraisal process or performance management, if needed.
- The positioning of the pedestal kiosk adjacent to the reception desk and very near to the exit. The kiosk needs to be visible and accessible but sheltered enough for patients to feel confident that they can complete the FFT without being overlooked.
- Reminding Heartfelt patients to complete the FFT cards/tokens at the end of a consultation. However, this was variable in efficacy and some clinicians found it difficult to do, especially if they have had a difficult consultation.

- Using patient focus groups to help raise awareness among patients in the latter stages of the pilot about the importance of completing the FFT.
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## Agreed QOF changes for 2015-16

The GPC and NHS Employers have agreed changes to QOF for 2015-16, which are:

- An adjustment to the QOF point value for 2015-16 taking account of population growth and relative changes in practice list size from 1 January 2014 to 1 January 2015.
- The threshold changes planned for 1 April 2015 have been deferred for one year to 1 April 2016.
- Retire three chronic kidney disease indicators – CKD002, CKD003 and CKD004 (26 points) whilst retaining the existing CKD register – CKD001 (renumbered CKD005) (6 points).
- New CKD005 updated in line with the NICE recommendations to now read ‘The contractor establishes and maintains a register of patients aged 18 or over with CKD Stages 3 to 5’.
- Retire coronary heart disease indicator CHD006 (10 points).
- Amend the atrial fibrillation indicator AF004 (renumbered AF007), retire AF005 and replace with new indicator (AF006) in line with NICE recommendations with added points to reflect the increased workload across the new indicators.
- 24 points to be added to the dementia indicator DEM002 (renumbered to DEM004) so that the new total is 39 points, and slightly reworded to now include ‘care plan’.
- Changes of wording of dementia indicator DEM003 (renumbered DEM006) to have done the tests on new patients between 12 months before or 6 months after entering on to the register.
- There are also changes in the age range of the obesity indicator OB001 (renumbered OB002) from 16 to 18 in line with NICE recommendations.

The full details of these changes are available on the BMA website at [www.bma.org.uk/qof1516](http://www.bma.org.uk/qof1516)

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## Avoiding Unplanned Admissions and Calculating Quality Reporting Service

Practices that are signed up to the Avoiding Unplanned Admissions DES need to know their practice list size figures. They will be able to see this via CQRS. The Health & Social Care Information Centre (HSCIC) will be advising practices of this as part of their information accompanying the launch of the CQRS service. The launch announcement is due shortly.

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## Flu patient information leaflets

Patient leaflets on flu have now been published and will soon be available to order in hard copy through the orderline or phoning 0300 123 1002. Topics include flu in pregnancy and the flu vaccination for winter 2014/15.

## CLINICAL ISSUES

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### **Ebola Guidance for Primary Care**

Guidance for practices on how to deal with suspected Ebola cases is available on the [BMA Website](#). The GPC is in regular contact with Public Health England in order to ensure that appropriate guidance for primary care is available. This is subject to change and so the online version should always be used; the GPC will notify the LMC when changes occur and we will cascade this via our newsletter.

Please check the GP practices pages [www.bma.org.uk/gppractices](http://www.bma.org.uk/gppractices) for further updates to the Ebola guidance.

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### **Ebola Outbreak – Government Testing Exercise Planned**

You will recently have received the letter/annex from Professor Dame Sally Davies, dated 7<sup>th</sup> October, with regard to the Ebola outbreak in West Africa:

<https://www.cas.dh.gov.uk/ViewAndAcknowledgment/viewAlert.aspx?AlertID=102228>

Hopefully you will have widely circulated the document within your Practice. There is to be a government “testing exercise” within the next week, and they may be identifying that the advice has been cascaded.

Within the letter there is a link to the advice for presentation of patients in Primary Care. If you are having problems accessing the link, the actual Primary Care Guidance Document is appended below:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/358564/Ebola\\_guidance\\_for\\_primary\\_care.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/358564/Ebola_guidance_for_primary_care.pdf)

It is imperative that GPs, and their Receptionists answering the telephone, know what to do and who to call if a patient returning from relevant areas of Africa presents with a temperature over 38C

- (a) By telephone - in terms of not visiting the patient and calling the appropriate infection control ambulance service
  - (b) Face-to-face in the surgery - by isolating the patient in the surgery etc.
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### **Reminder: Changes to referrals for Mental Health Services in Hull**

We have been asked to circulate a reminder that the way you refer your patients to Mental Health Services in Hull has changed.

From October 1st the Single Point of Access into Adult Mental Health Services in Hull is no longer being used. Instead, there will be separate referral numbers for Secondary Mental Health Services and Depression and Anxiety Services in Hull. Working age patients will also be able to refer themselves into both.

You can refer patients to the Secondary Mental Health service by telephone or in writing (preferably by fax) to the following address:

Secondary Mental Health  
Miranda House, Gladstone St  
Hull, HU3 2RT  
Tel: 01482 336161  
Fax: 01482 617590  
Email: hnf-tr.smhs@nhs.net

For depression and anxiety services (Clusters 1 to 4), you will need to refer patients for assessment through Let's Talk, a new telephone booking service operated by CHCP via 01482 247111. Humber NHS Foundation Trust will continue to treat people for depression and anxiety alongside other AQP providers.

Older adults (65 years plus) should still be referred for assessment through the existing arrangements via 01482 617560 or 617519

Please note, the old Single Point of Access Self-Referral line (335000) will no longer be in use from October 1st. We would be very grateful if you could remove any materials in your practice that promote this number to patients.

From October 1st, the new self-referral arrangements in Hull are:

Secondary Mental Health Services	01482 336161
Depression and Anxiety (Let's Talk)	01482 247111

If you have any queries at all, please contact the service direct for clarification.

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## **Drugs and driving: blood concentration limits to be set for certain controlled drugs in a new legal offence**

The Department for Transport has introduced a new offence of driving with certain controlled drugs above specified limits in the blood; this is likely to come into force on 2 March 2015. The list of drugs includes some licensed medicines. Anyone found to have any of these drugs in their blood above the specified limits will be guilty of an offence, whether their driving was impaired or not. However, there is a medical defence for people taking the drugs for medical reasons, if their ability to drive was not impaired.

<http://www.mhra.gov.uk/Safetyinformation/DrugSafetyUpdate/CON432898>

<https://www.gov.uk/government/collections/drug-driving>

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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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