



The Humberside Group of Local Medical Committees Ltd

Newsletter: 30 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

NHS Pension scheme draft regulations 2015

The Department of Health is consulting on draft regulations to introduce the new 2015 National Health Service Pension Scheme for England and Wales in accordance with the Public Service Pensions Act 2013. The consultation closes on 5 December 2014.

View [relevant documents and details of how to respond](#) to the consultation.

GUIDANCE AND RESOURCES

LMC Advice Sheet: Clinical Audit

Practices can demonstrate ongoing quality improvement and effective care through completed clinical audit cycles. All GPs will do a 2 cycle audit for their revalidation portfolios. As long as the audit relates to the practice and has been discussed, evaluated and change instituted within the practice, then this can be used as supporting information within the effective domain for a CQC inspection. [Read the full advice sheet.](#)

LMC Advice Sheet: Suspension Payments – A Practical Guide for Partners

Suspension is supposed to be a neutral act, but it is incumbent upon practices to ensure that they know exactly what to do in terms of obtaining the best financial position should a GP be suspended from practice. [Read the full advice sheet.](#)

New Guidance on DNACPR

A recent court ruling may affect the way you approach DNACPR forms. The BMA, Resuscitation Council (UK) and Royal College of Nursing have jointly issued new guidance called '[Decisions Relating to Cardiopulmonary Resuscitation](#)' which takes into account developments in clinical practice and developments in the law regarding anticipatory decisions about CPR.

Dr Elisabeth Alton, Named Doctor for Adult Safeguarding on behalf of ERYCCG highlights some of the key issues below:

The case involved a patient who had capacity but was not consulted about the DNACPR form, (<http://www.judiciary.gov.uk/wp-content/uploads/2014/06/tracey-approved.pdf>). The Judge stated, 'there should be a presumption in favour of patient involvement' and 'there needs to be convincing reasons not to involve the patient'. This does not merely include the patient being upset about the decision. Therefore any patient who has capacity MUST BE INFORMED OF THE DNACPR.

If a patient has capacity there is no need to involve any other individual, unless they so wish.

In patients without capacity, merely ticking the box on the form to say they do not have capacity is only acceptable if an assessment of capacity has been carried out and documented in the patients records on the day the form was signed.

A person is unable to make the decision for himself if he is unable to:

- Understand the information relevant to the decision.
- To retain the information.
- To use or weigh the information as part of the process of making the decision, or To communicate the decision (in whatever way is appropriate)

(ref - Mental Capacity Act 2005, Code of Practice)

If in your opinion the patient does not have a capacity a 'best interest process' should be followed, whereby the GP should consult with family members and the care home staff as appropriate.

Failure to do this may leave you open to litigation. There have been some issues in care homes recently where it was felt these steps were not followed. Care homes have been advised to send alterer forms to the safeguarding team if the staff feel these steps haven't been followed.

End of life care is very important and DNACPR's form part of this process, so please don't be put of doing them.

New: Safeguarding Children Toolkit for General Practice

The RCGP and NSPCC have launched a new Safeguarding Children Toolkit which reflects some of the increasingly complex health and societal challenges facing GPs.

The guidance addresses subjects such as neglect, physical abuse and caring for children with disabilities but also newer safeguarding challenges such as cyber-bullying, child trafficking, radicalisation, female genital mutilation and forced marriage.

Child health makes up a significant proportion of a GP's workload. The toolkit aims to equip GPs with the information and procedures necessary to make informed, appropriate and confident decisions about the health and safeguarding of their younger patients.

The toolkit updates previous joint guidance and brings together recommendations from police, social workers, government agencies and schools.

[Quick Essentials for GPs](#)

[Full Toolkit](#)

Framework for responding to CQC inspections of GP practices

This framework has been produced to support area teams to work with the minority of practices that are rated 'inadequate' through the new CQC inspection process. It aims to ensure that there is a consistent approach.

The guidance describes how area teams:

- collaborate with CQC through ongoing monitoring and surveillance of contracts, prior to and during practice inspection to share intelligence.
- support practices rated inadequate in one of the key domains or population groups by putting in place an improvement plan and signposting to external support to ensure sustained measurable improvement.
- oversee progress against the plan and take further contractual action if there is no demonstrable improvement.

[Read the Framework document.](#)

TRAINING, EVENTS & OPPORTUNITIES

Members needed: NICE clinical guideline on End of life care for infants, children and young people guideline development group

NICE is looking for a GP to join their end of life care for infants, children and young people guideline development group. The closing date for applications is 18th November 2014 at 5pm.

Read the [advert, person specification and additional information](#) about this role.

We would also like to remind you that deadline for comments on the draft scope is also 18th November 2014. If you would like to make any comments about the constituency of the guideline development group you can do so via the scope consultation process.

North Lincolnshire CCG - Future vacancies on the CCG Governing Body for GPs

Over the next 12 months or so there will be at least 1 vacancy arising on the North Lincolnshire CCG governing body for a GP member. There are training and development opportunities available for those who may like to consider applying for this role in the future. The roles will be open for any GP on the North Lincs performers list.

If you are interested in development for future GP membership of the governing body please contact Dr Margaret Sanderson, Chair, North Lincolnshire CCG.

Prime Minister's Challenge Fund – Launch of Wave Two

Wave Two of the Prime Minister's Challenge Fund has now been launched. Applications are being accepted until 5pm on Friday 16th January 2015.

[View information and a copy of the application form.](#)

Initial enquiries should be directed to David Iley (david.iley@nhs.net).

COMMISSIONING

New Report: Leading local partnerships - How CCGs are driving integration for their patients and local populations

NHS Clinical Commissioners has published a report which profiles some of the CCGs across England who, despite still being relatively new organisations, are already driving new and innovative models of care that put the patient at the heart of the system, and are improving the health and wellbeing of their local populations. It showcases twenty examples of CCGs joining with partners, not just from social care, but from the voluntary and private sectors, to improve the health of their populations.

[Read Report](#)

CLINICAL ISSUES

Deprivation of Liberty Safeguards (DoLS) in Care Homes: Implications for Referral to Coroner on Death

Background

The Deprivation of Liberty Safeguards (DoLS) are part of the [Mental Capacity Act 2005](#). They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. The safeguards should ensure that a care home, hospital or supported living arrangement only deprives someone of their liberty in a safe and correct way, and that this is only done when it is in the best interests of the person and there is no other way to look after them.

The Alzheimer's Society has produced [a factsheet](#) looks at who is affected by DoLS, explain what the safeguards are, and outline the process for getting authorisation for a deprivation of liberty and how to get it reviewed.

DOLS under The Mental Capacity Act (2005)

Deprivation of Liberty Safeguards (MCA DOLS) are part of the Mental Capacity Act (2005).

The safeguards are designed to protect the interests of an extremely vulnerable group of individuals and to:

1. Ensure people can be given the care they need in the least restrictive regimes.
2. Prevent arbitrary decisions that deprive vulnerable people of their liberty.
3. Provide them with rights of challenge against unlawful detention.
4. Avoid unnecessary bureaucracy.

The MCA DOLS apply to anyone:

- Aged 18 and over
- Who has a mental disorder
- Who lacks capacity to consent to the arrangements made for their care or treatment in either a hospital or a care home (registered under the Care Standards Act 2000)
- For whom a deprivation of liberty may be necessary in their best interests to protect them from harm
- Where detention under the Mental Health Act 1983 is not appropriate at that time.
- One important issue is that if a person who is resident in a care home and lacks capacity to consent to remain in the care home, then by definition they are part of this group.

Current Issue

A recent Supreme Court judgement has caused confusion about DOLS, Care Homes and reporting deaths to the coroner. National clarification is expected in the near future.

In Care homes operating a locked door policy and where a person lacks capacity to consent to remain in the care home, residents should be covered by DOLS. Previously DOLS had only been applied to people for whom the degree of restraint was significantly greater than the average care home resident or inpatient. The Supreme Court believes the safeguards apply to a significantly greater number of people.

Responsibility for applying for DOLS lies with the care home manager (an application is made to the local authority or Court of Protection)

Death of residents subject to DOLS, have the same status as a death in Police custody and should be reported to the Coroner.

The Issue for GPs: The contradiction that national guidance needs to address

It has been suggested that when confirming deaths in care homes, a GP should check whether a person is under a DOLS. If so, a medical certificate of cause of death (MCCD) should not be issued and they should report the death to the coroner's officer (even if the death is from natural causes).

However the alternative view is that the 'managing authority' for DOLS is the first tier Local Authority or the person who has successfully applied to deprive another person of a degree of liberty, so in most cases it has nothing to do with GPs. It is therefore not the duty of the GP or OOH to discover whether a patient is subject to DOL and to notify the coroner, but the managing authority.

We await national guidance to clarify.

New Single Point of Access for Community & Mental Health Services in the East Riding

From Monday 3rd November 2014, Humber NHS Foundation Trust is launching a new single point of contact for the East Riding, which incorporates community services and mental health services. As part of these changes, the new single point number will be introduced together with new NHS mail addresses for mental health and neighbourhood care services. NHS mail can be used for referrals.

The new number and email addresses are:

Telephone – 01482 301701

Fax – 01482 301702

Referrals for Mental Health - this number can be used by professionals or patients can still self-refer.
Referrals for Community Services - this number is exclusively for GPs, Acute Services and Social Care.
Calls from patients or carers will still be through the current locality SPoCs.

ER Community Services NHS mail address – HNF-TR.ERSPoC-CommunityCare@nhs.net

ER Mental Health NHS mail address - HNF-TR.ERSPA-MentalHealth@nhs.net

If you have any questions please contact Jon Duckles or Val Higo.

GENERAL NEWS

Specialists in out-of-hospital settings

Consultants in some areas of England are developing services that link secondary, primary, community and social care professionals. The King's Fund visited six services where consultants are delivering or facilitating care outside hospital. This report presents the findings from those visits as case studies. It identifies key characteristics and challenges to this way of working and seeks out evidence of the benefits to patients and the NHS more broadly.

Briefing: <http://www.kingsfund.org.uk/publications/specialists-out-hospital-settings>

Report: http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/specialists-in-out-of-hospital-settings-kingsfund-oct14.pdf

Kingsfund Blog: Reshaping General Practice from Within

Nicola Walsh, Assistant Director, Leadership of the Kings Fund reflects on some of the primary care innovations happening both abroad and in the UK.

<http://www.kingsfund.org.uk/blog/2014/10/reshaping-general-practice-within>

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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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