



# The Humberside Group of Local Medical Committees Ltd

## Newsletter: 21 November 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. 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

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### **CQC Intelligent Monitoring data on GP practices**

On Monday this week, the CQC published information about GP practices on its website.

Last month the CQC launched its new approach to inspecting and rating GP practices. Over a period of two years, they will inspect and rate every practice that is registered with the CQC using this new approach.

During the next few weeks, the CQC will be publishing the first reports under the new approach, completed since 1 October 2014.

As part of the new approach, the CQC will also launch its Intelligent Monitoring Tool, which helps the inspectors to prioritise when, where and what they will focus on when they inspect. The tool draws on existing national data sources, such as Quality and Outcomes Framework (QOF) and the GP Patient Survey, and includes indicators covering a range of GP practice activity and patient experience. Based on 39 indicators, each GP practice will be categorised into one of six priority bands, with band 1 representing the highest priority for inspection.

From this week, the CQC will be publishing its Intelligent Monitoring data and bandings for GP practices. The information (including the bandings) will be presented on the CQC website in individual reports about each practice. The data will also be accessible by CCG area. In due course, the data, bandings and eventually ratings will also form part of the My NHS website on NHS Choices.

**You can find out more about Intelligent Monitoring and the 38 indicators [using this link](#). From this page, you can also search for the report on your practice.**

[Click here](#) to read the Frequently Asked Questions about GP Practices and the Intelligent Monitoring Data.

## COMMISSIONING

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### **Contracting with East Riding Council – Outcomes 4 Health and Meeting Deadlines**

The LMC hosted a meeting this week between East Riding Council and a group of East Riding Practice Managers to discuss a number of issues and concerns raised by both parties. It was a productive meeting which resulted in a number of action points for everyone involved.

The LMC committed to remind practices:

- that although East Riding Council are 'offering' rather than tendering contracts, they are still working to strict deadlines for practices to respond. If you are interested in delivering a service offered by the Council, you must respond before the deadline. There will be no flexibility this year.
- That it is extremely helpful if practices have a practice email address. This avoids problems with changes of personnel or holidays.
- To check that East Riding Council has the correct email address for communicating with you about contracting issues.

Since the meeting, the LMC has been made aware of some problems with Outcomes 4 Health which we will follow up. If your practice has examples of problems with the Outcomes 4 Health system, please advise the LMC on [humberstone.lmcgroup@nhs.net](mailto:humberstone.lmcgroup@nhs.net) so that we can collate all the issues before discussing with the Council.

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## Contractual Models for Commissioning Integrated Care

Many clinical commissioning groups (CCGs) are starting to consider how they might use their commissioning and contracting tools to encourage providers to work together in different ways. There is a lot of interest and activity in new contractual forms, and a number of models are developing in different ways, and with different terminology.

The [Commissioning and contracting for integrated care](#) paper written by Rachael Addicott for the King's Fund, focuses on three contractual vehicles being used by commissioners to deliver integrated services:

- Prime contractor model
- Prime provider model
- Alliance contract model

[Read a summary of these three models here.](#)

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## New report published to help realise the potential of local partnerships for the benefit of patients

NHS Clinical Commissioners (NHSCC) have published "[A Shared Agenda – creating an equal partnership with CCGs in health and wellbeing boards](#)" to share the views and thoughts of CCGs on the development and direction of health and wellbeing boards (HWBs), as well as their ambitions for future joint working.

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## CCGs asked to consider their next steps on primary care co-commissioning

The [Next Steps Towards Primary Care Co-Commissioning](#) document has been published. It has been developed by the joint CCG and NHS England primary care co-commissioning programme oversight group in partnership with NHS Clinical Commissioners.

The document aims to provide clarity and transparency around co-commissioning options, providing CCGs and area teams with the information and tools they need to choose and implement the right form of co-commissioning for their local health economy.

The document has been published with accompanying resources and tools.

<http://www.england.nhs.uk/commissioning/pc-co-comms/>

## CLINICAL ISSUES

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### Mental Capacity Act (MCA) & Deprivation of Liberty Safeguards (DoLS)

NHS Yorkshire & Humber Commissioning Support has produced a [briefing for Primary Care in relation to the Mental Capacity Act and the Deprivation of Liberty Safeguards](#). It contains useful guidance on:

- The Principles of the Act
- Definition of Incapacity
- Test of Capacity
- Best Interests Checklist
- Record Keeping
- Duty of Candour – Guidance for Professionals
- Actions Required by Clinicians
- Legal Update on DNACPR

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### Protecting Resources, Promoting Value: A doctor's guide to cutting waste in clinical care

Health care in the UK faces a future of increasing constraints. Serious challenges exist that threaten the sustainability of services. To preserve the standards of care provided across the NHS, waste must be reduced. Most people think of waste in a product sense (e.g. why are we throwing that away when we didn't need to open the pack?). However, most waste in the NHS lies within clinical practice and models of care. Low value services and unnecessary use of clinical resources undermine the sustainability of high value care and hinder the development of new interventions.

[This report](#) provides a framework for a way in which doctors can think critically about waste from a clinical perspective and provides examples of doctors improving the value of health care by reducing waste. Estimates suggest that around 20% of mainstream clinical practice brings no benefit to the patient as there is widespread overuse of tests and interventions. Investigations, medications, hospital beds, and theatre time are clinical resources that are wasted if not used appropriately to maximise value for patients. If the finite NHS resources are spent on costly interventions that have little benefit, then the service we provide will be of little value and the resources we have will be wasted.

The report suggests that the key is to focus on minimising waste in all its forms and that by doing this, value, and therefore good health outcomes, are maximised.

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## Chlamydia screening in general practice and community pharmacies

[This guidance](#) from Public Health England aims to support both commissioners and service providers in achieving high quality chlamydia screening services for the population they serve.

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## Avian Flu Incident in the East Riding

There has been a confirmed outbreak of Avian Influenza A/H5 in ducks in the East Riding of Yorkshire. This incident was declared on 16th November by the Department for Environment, Food and Rural Affairs (Defra) and has since been reported by media.

Avian influenza is primarily a disease of birds and infection in people is rare even in people who are directly exposed to the virus. There are many different subtypes of the avian influenza virus and each differs in its ability to cause disease in birds and people. This incident is not an N1 subtype that is known to be associated with serious human infection.

Evidence from past outbreaks of avian influenza shows that only people who have handled or have been in very close contact with infected birds are most at risk of getting avian influenza. Even then the risk is very low. Person to person transmission has been documented on rare occasions but only after prolonged and close contact.

If you have a patient who presents with febrile symptoms or other unexplained illness and who has recently handled a dead or sick bird in the area please contact the PHE North Yorkshire and Humber Health Protection team on 01904 687100 who will be able to give you further advice about patient management. You should pay particular attention to anyone who may have been involved in the response to the incident (eg catching, culling, etc on the infected premises).

All those associated with the incident who might have been at risk of exposure to the virus will be offered appropriate antiviral medicine and seasonal influenza vaccine through Humber NHS Foundation Trust as the local provider for this specific incident type.

If you wish to clarify any issues please contact the health protection team on the above number. Information about avian influenza is available on the PHE website <https://www.gov.uk/government/collections/avian-influenza-guidance-data-and-analysis> and Defra [www.defra.gov.uk](http://www.defra.gov.uk) websites.

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## PRACTICE MANAGEMENT

### LMC Advice Sheet: Updating Partnership Agreements

Over recent years there have been substantial changes to the terms and conditions of practices not only in the Regulations/ contracts to General Medical Services (GMS) or, Personal Medical Services (PMS), but also by virtue of the introduction of the Health and Social Care Act and the development of "Federations".

The LMC has consistently reinforced the importance of having a written partnership agreement to prevent the practice falling into a partnership at will and to prevent or mitigate any disputes. Given the many changes affecting primary care, agreements should now be amended to reflect the impact on practice working arrangements.

This [Advice Sheet](#) highlights the key elements to consider building in to your updated Partnership Agreement.

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## **GPC - BMA Law Guidance Note on NHS Property Services Lease**

The Practice Finance team have collaborated with BMA Law to put together a [short guidance note about the NHS Property Services lease](#) that is currently in circulation.

The guidance provides an outline of the headline issues and key provisions arising from the lease. These include:

- Break clauses
- Rent reviews
- Relocation
- Repairing obligations
- Sharing occupation
- Alterations
- Security of tenure

The GPC/BMA Law note covers the full lease and builds on the legal view obtained by Wessex LMCs, who obtained a legal view on the Heads of Terms that accompanies this lease.

The GPC is still seeking clarification with NHSPS on the exact nature of this document and the scope of its intended use.

The LMC's advice to all practices in NHSPS properties is that they should under no circumstances sign any current standard lease or other document from NHSPS without receiving full legal advice in order to understand the consequences of signing the lease. If they are asked to sign or agree a lease we would ask that they inform the LMC Secretariat and seek independent legal advice on the document.

## **GUIDANCE & RESOURCES**

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### **Creating new value with patients, carers and communities**

KPMG carried out original research to find out what patients organisations in different countries believe patients need and how that compares with the healthcare they receive. It makes recommendations on the steps which organisations need to take in order to improve their level of patient involvement and engagement.

[Read the KPMG report here.](#)

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## **GPs and social workers: partners for better care**

[This report](#) from the RCGP and The College of Social Work argues that GPs and social workers are ideally placed to work together to implement radical solutions to the funding crises facing both general practice and social work. The report demonstrates how social workers can work with GPs to empower strong, resilient communities that will be key to better and more integrated health and social care.

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## **Using Data and Technology to Transform Outcomes for Patients and Citizens – Publication of a new Framework for Action**

The National Information Board (NIB) has issued its much delayed IT strategy - 'Personalised Health and Care 2020' – which ties NHS IT more closely into health service policy, financial and regulatory frameworks.

The framework that has been produced emphasises that it is “not a strategy in the conventional sense” and “not a national plan.” Instead, the document put out by the NIB, which represents 20 health and local government organisations interested in IT, says it is a “framework for action that will support staff, patients and citizens to take advantage of the digital opportunity.”

[Read the document here.](#)

The vision commits to giving everybody online access to their GP records, viewed through approved apps and digital platforms, by 2015.

GP practices are well on their way to achieving this but national leaders want to go one step further by offering people access to all of their health records – held by hospitals, community, mental health and social care services – by 2018.

In just four years, every citizen will be able to access their health records at the click of a button, detailing every visit to the GP and hospital, every prescription, test results, and adverse reactions and allergies to drugs. Patients will also be able to record their preferences and thoughts alongside official medical notes.

The alliance will establish a national digital standard for people at the end of life – building on the success of Co-ordinate My Care in London – so their care preferences are respected. The digitisation of the Personal Child Health Record (the red book) will offer new mothers personalised mobile care records for their child.

The report suggests that aside from the clear benefits for patient care and disease prevention, better use of technology will help create a more efficient NHS and includes examples where this is already happening.

## CONSULTATIONS

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### Consultation: Data sharing for health care professionals - guidance leaflet

The Department of Health and the Information Governance Alliance (IGA) want to know how this guidance leaflet, designed to help health care professionals make the right decisions about data sharing, can be improved.

They are seeking your feedback on how easy the guidance leaflet is to understand and how to make sure that people use the document.

[Access the consultation documents here.](#) The consultation closes on 31 January 2015.

## GENERAL NEWS

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### Monthly Newsletter for Sessional GPs

Stay informed about the issues affecting locum, freelance and salaried GPs, and find out about the work the GPC is doing on your behalf in a new monthly e-newsletter from the BMA.

Click [here](#) to read the first issue which contains information about how the GP contract deal affects you, gives you the opportunity to share your views on revalidation and to find out more about the benefits of being involved with the LMC.

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### Planning for the Better Care Fund

The Better Care Fund is an innovative idea but the quality of early preparation and planning did not match the scale of the ambition according to a report by the National Audit Office. Current plans forecast £314m of savings for the NHS rather than the £1 billion in early planning assumptions.

[Read the Executive Summary](#)

[Read the full report](#)

**Dr RUSSELL WALSHAW**  
Chief Executive

**The Humberside Group of Local Medical Committees Ltd**  
Albion House  
Albion Lane  
Willerby  
HULL HU10 6TS

t +44(0)1482-655111  
f +44(0)1482-652434 (Safe Haven)  
e [humberside.lmcgroup@nhs.net](mailto:humberside.lmcgroup@nhs.net)

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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