



LMC NEWS

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PUBLIC HEALTH ACTIVITY IN GENERAL PRACTICE

Practices are often asked to carry out various tasks on behalf of Public Health for which practices are not funded. GP practices are contracted to see and treat patients who are unwell or believe themselves to be unwell. It is the role of Public Health to prevent illness in patients who do not have an illness.

Some examples of things which Public Health have asked practices to do:

- Administer chicken pox vaccine to the family of a patient who is having cancer treatment.
- Administer hepatitis vaccine to contacts of a patient with hepatitis.
- Prescribe antibiotics for contacts of a patient with suspected meningitis.
- Prescribe antiviral medications to nursing home residents who are in a home where there are two or more suspected cases of flu.

In all of these examples, the patient being treated is neither unwell, nor believed to be unwell, the treatment is preventative. Practices who have been agreed to perform these activities can charge a reasonable fee. If your practice is asked to perform these sort of activities, please agree a fee before acting. If all practices do this, then the CCGs and Public Health are more likely to commission an enhanced service.

TAXI MEDICALS - CLARIFICATION

The LMC has previously provided advice about performing occupational health medicals. To clarify, when performing a taxi medical, the LMC advises that clinicians carry out the medical, and complete the paperwork. However, in the section which asks "is the patient fit/unfit to drive a taxi" we advise that a comment is written along the lines "I am not qualified to make this assessment, and request that the licensing authority makes this decision".

PRACTICE LOCUM REIMBURSEMENT FOR PHASED RETURN TO WORK

Nationally, LMCs have been made aware that a number of local commissioners have refused locum reimbursement following GP partners returning to work from sickness absence on reduced hours (phased return).

NHS England has conceded that when GP partners return from sick leave on phased return certified by Med3, the statement of financial entitlements mandates that practices must be reimbursed the cost of their cover in exactly the same was as if the partner was still completely off sick.

Furthermore, whilst there are some circumstances where a practice may not automatically be entitled under the SFE to locum reimbursement when a salaried GP is on phased return from sick leave, NHS England nationally has made it clear to all local commissioners that, to avoid discrimination, salaried GPs' absence during phased return will also be reimbursed on a discretionary basis.

CQC INSPECTION FOCUS ON SEPSIS

The CQC expects GP practices to take measures to help manage the risks associated with sepsis, and may consider these as part of our inspections under their key lines of enquiry (KLOE). Examples of good practice include:

- Conducting staff training in recognising and responding to acutely unwell or deteriorating patients who may have sepsis.
 - Having triage processes which are designed to include the identification of, and rapid response to, possible cases of sepsis.
 - Having access to appropriate equipment to assess patients with possible sepsis, for example to measure blood pressure, temperature and pulse oximetry for adults and children.
 - Achieving high coverage of influenza vaccination, particularly in the over 65s, pregnant women, and those with long-term conditions.
 - Providing information and guidance on sepsis for higher risk patients and their carers, for example those with long term conditions and those prescribed immunosuppressive drugs.
 - Using appropriate sepsis clinical screening, assessment and audit tools.
 - Recording and sharing accurate information about a patient's condition.
 - Discussing sepsis management at practice meetings.
- Having an effective approach to hand hygiene to help reduce the spread of infection.

PREGABALIN AND GABAPENTIN TO BE CONTROLLED AS CLASS C DRUGS

The Government has recently announced that prescription drugs Pregabalin and Gabapentin are to be reclassified as class C controlled substances from April 2019. This move comes after experts highlighted rising numbers of fatalities linked to the drugs. Doctors will now need to physically sign prescriptions, rather than electronic copies being accepted by pharmacists. In addition, pharmacists must dispense the drugs within 28 days of the prescription being written.

CORE CONTRACT COMPLIANCE CHECKS

The LMC would like to remind practices that from time to time NHS England will check that practices are complying with some of the changes to your core contract that have come in over recent years. Checks may include, reviewing your practice website, your e-declaration or telephone discussions with your practice.

PATIENT PARTICIPATION GROUP

It is a contractual requirement for all practices:

- to develop and maintain a PPG for the purpose of obtaining the views of patients and enabling the practice to obtain feedback from the practice population on services delivered by the contractor;
- to make reasonable efforts for this group to be representative of the practice patient population;

- to engage with the PPG at a frequency and in a manner agreed with the group;
- to review patient feedback (whether from the PPG or other sources – FFT, patient surveys etc) with the aims of the practice and PPG agreeing improvements that could be made to services;
- to act on suggestions for improvements, where the practice and PPG agree.

PATIENT ACCESS TO ONLINE SERVICES

Practices are required to offer and promote online services to patients for appointment booking, ordering of repeat prescriptions and access to coded information in the clinical record.

For 2018/19, there was a contractual change so that practices and NHS England will work together to help achieve greater use for those practices that have not achieved a minimum of 10% of patients registered for one or more of these online services. In addition, supporting the increased use of these services and building on the 2017/18 non-contractual target of 20%, all practices are encouraged to aim for a non-contractual target of 30% of their registered patients to be using one or more online services by 31 March 2019.

GMC TEN POINT GUIDANCE ON BEING A REFLECTIVE PRACTITIONER

1. Reflection is personal and there is no one way to reflect. A variety of tools are available to support structured thinking that help to focus on the quality of reflections.
2. Having time to reflect on both positive and negative experiences - and being supported to reflect - is important for individual wellbeing and development.
3. Group reflection often leads to ideas or actions that can improve patient care.
4. The healthcare team should have opportunities to reflect and discuss openly and honestly what has happened when things go wrong.
5. A reflective note does not need to capture full details of an experience. It should capture learning outcomes and future plans.
6. Reflection should not substitute or override other processes that are necessary to record, escalate or discuss significant events and serious incidents.
7. When keeping a note, the information should be anonymised as far as possible.
8. We do not ask a doctor to provide their reflective notes in order to investigate a concern about them. They can choose to offer them as evidence of insight into their practice.
9. Reflective notes can currently be required by a court. They should focus on the learning rather than a full discussion of the case or situation. Factual details should be recorded elsewhere.
10. Tutors, supervisors, appraisers and employers should support time and space for individual and group reflection.

POLICE REQUESTS FOR MEDICAL RECORDS

Practices may have received letters from the Police, describing the circumstances in which the Police can request voluntary disclosure of a patient's records, under Section 29 of the Data Protection Act. However, GPs should not disclose such information unless the patient has given consent, unless the disclosure is in the public interest, and examples of more serious crimes or other circumstances that might justify this are given. You are entitled to charge a fee for the disclosure of such records.

The LMC cannot recommend a specific fee, for competition reasons, and there is no statutory set fee. However, BMA advice is that practices set a fee proportionate to the time required to undertake the administrative work involved. Remember that in this case no medical opinion is required.

The BMA recommends that with each request, the Police are asked:

- to provide the patient's written consent to release the records;
- to provide written confirmation that the practice fee will be paid, should the records be released;
- if no consent is obtained, to provide written confirmation from a senior Police Officer that the crime being investigated or other reason for requesting the patient records is of a nature that would justify release of the medical records in the public interest.

If the Police decline to agree to pay a fee the practice will need to decide:

- whether to release the records anyway (which may be in part decided by any confirmation by the Police that no consent is necessary);
- offer the Police the option of viewing the records on the premises;
- whether to decline the request to release the records, even if consent has been provided.

If the Police have a court order or warrant for the disclosure of the records they should be released, regardless of whether a fee has been agreed or paid. If in doubt you should contact your indemnity organisation for advice.

Dr Gulshan Kaul
LMC Secretary

DATES OF NEXT MEETINGS

29 Nov	Samuel Johnson Community Hospital	LMC
3 Jan	LMC Office	NHSE

The meetings with the **LMC** are for the full committee of LMC members without NHSE.

The meetings with **NHSE** are for the LMC Executive and NHSE alone.

LMC MEMBERS

The following is a list of current members of the South Staffs LMC

Dr G Kaul (Secretary)	01543 897272
Dr V Singh (Chairman)	01543 870580
Dr P Needham (Executive member)	01283 565200
Dr T Scheel (Executive member & Treasurer)	01283 845555
Dr S Adams	01922 701280
Dr M Agrawal	01785 251134
Dr O Barron	01889 562145
Dr M Bermingham	01785 822220
Dr R Daniel	01785 850226
Dr J Eames	01785 815555
Dr G Huisman	01543 412980
Dr N Mann	01827 219843
Dr W Nilar	01543 450222
Dr A Parkes	01827 68511
Dr H Skinner	01283 812210
Dr H Zein-Elabdin	01922 702240

DR V SPLEEN

Dear reader

Finding that the funding for occupational health services for GP staff had been removed without any announcement by NHSE is another blow to general practice. The paper review of new recruits by an independent service has been valuable to general practice in this overregulated world. The service provided to staff with genuine health problems has been absolutely invaluable to stretched practice managers as they try to balance the interests of employee and practice alike.

The removal of this funding was surprising. With General Practice about to confront the most difficult period in its recent history, this does not fit comfortably with the workshops and countless meetings that are supposed to tell us that NHSE is fully committed to promoting sustainability and improving the lives of the dwindling numbers of GPs still in post. The tempting prospect of employing more staff in the rush to shift patients into primary care is likely to be significantly easier to resist in the light of such behaviour. Perhaps NHSE feel free to be more irresponsible now that they have become "strategic" and delegated their responsibilities in the management of General Practice to their CCG colleagues. I am sure they will claim they are just representing the interests of the taxpayer.

On a brighter note, we should thank the university hospitals of Derby and Burton for their recent offer to re-provide this service at £500 per practice per year (regardless of the size and before lifting a pen to do any work) a modest charge of £37.50 for a paper based new employee review and a "realistic" charge of £272.16 for a meeting with an occupational health consultant which might be done over the phone. Brighter for them, at least!

Venture

The views expressed in this column are those of the author and not necessarily those of the LMC.