



# LMC NEWS

Website: [www.sslmc.co.uk](http://www.sslmc.co.uk)

E-mail: [enquiry@sslmc.co.uk](mailto:enquiry@sslmc.co.uk)

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It is true that from its origins the NHS has been a mixed economy incorporating private sector elements such as high street pharmacies and opticians but it is equally true that the scale and type of private sector involvement has changed beyond recognition in the first years of the 21st century. The scale of these contracts is not something that has happened throughout the history of the NHS and the track record of profit-driven companies has not been justified by their results and fragments the NHS.

It is disappointing to note comments from the 3 CCG Chairs that efforts to improve these services via contracting with current NHS providers have failed and therefore they felt forced to consider alternative models.

### CO-COMMISSIONING

The LMC has circulated its advice to enable GPs to decide upon their level of co-commissioning.

The option chosen by GPs may be directly proportional to the relationship with their CCGs:

- Level 0 - Poor relationship/engagement
- Level 1 - Satisfactory relationship
- Level 2 - Good relationship
- Level 3 - Excellent relationship and trust

The role of the LMC is to support the CCG and colleagues with whichever level is agreed upon so that the best possible outcome can be achieved for its constituents.

### SAFEGUARDING ADULTS

Following recent concerns about the standard of care in a Nursing Home the LMC would like to remind colleagues about our responsibility to inform appropriate higher authorities.

If you have worries about standards that impact on patient safety you can discuss them with the Lead Nurse for Safeguarding Adults:

Steve Forsyth at Merlin House, Etchell Road, Tamworth on 01827 306131 or 07800 521569 and e-mail [steven.forsyth@northstaffs.nhs.uk](mailto:steven.forsyth@northstaffs.nhs.uk)

### QUALITY FIRST: MANAGING WORKLOAD TO PROVIDE SAFE PATIENT CARE

Quality First: Managing Workload to Provide Safe Patient Care is a handbook to empower practices with practical tools, including model templates, to manage workload and to shape demand, in order to fulfil their responsibility to deliver essential services to patients.

The LMC urges you to read this document and to discuss strategies in your practice meetings. This will help manage your workload so that you can focus your availability for the core needs of patients requiring GP services.

Another key component is for practices to exercise their rights as CCG members and influence their CCGs to use their commissioning levers to halt inappropriate workload shift. CCGs must provide practices with resources for transferred work, should they choose to take on additional services. Every CCG board meeting should also have a standing item on GP pressures and supporting practices.

### CANCER CARE AND IMPROVING LIVES CONTRACTS

The LMC has alerted colleagues to seriously consider 2 large contracts that are being outsourced to the private sector. This involves NHS Cancer and End of Life Care for Stafford and Cannock CCGs together with Improving Lives for East Staffordshire CCG.

The County Council has a Reporting Adult Abuse dedicated website with all the relevant information contained within it at:

<http://www.staffordshire.gov.uk/health/care/reportingabuse/vulnerableadultabuse.aspx>

For complaining about a provider to the CQC, there is useful information available at:

<http://www.cqc.org.uk/content/complain-about-service-or-provider>

Please note that quality issues in homes that do not have Adult Protection concerns can be fed back to Staffordshire County Council's Quality Assurance Team via 01785 895217, this includes residential care homes and domiciliary care services.

## NEW PATIENT REGISTRATION FORM

Following a local serious patient incident a root cause analysis by the Area Team has identified some learning which may be helpful for practices:

"Practices are advised to have a suitable new patient registration form which captures any significant family history including serious illnesses and cancers. Standard Operating Procedure at the practice should detail how such information is added to the computer records. Relevant significant past medical history, medication, allergies and family history should be included in any referral letter along with appropriate clinical history and examination findings."

It involved a patient who was subsequently diagnosed with a familial clinical condition and either had not declared the family history to the practice on the new patient form or the information had not been transferred onto the clinical record. The form was not in the clinical record to prove this either way.

The case outcome was that it is good practice to record the information about family history from a new patient questionnaire in the clinical records (and any negative information such as incomplete forms/negative family history).

## CHARGES FOR SAFEGUARDING REPORTS

Any requests by social workers for child protection reports are chargeable under the Collaborative Arrangements- the NHS has a legal responsibility to pay.

In respect of request by the police and certain other non-Local Authority agencies then this may depend on the reason for and nature of the request. If under the Data Protection Act then fees up to the statutory maximum are payable, but there are certain exemptions to this e.g. if requested by police in respect of investigation of crime/apprehension of offender.

However GPs may also have professional obligation to share information and this should not be delayed whilst discussions on the charging arrangements take place.

## ARE GP PRACTICES PUBLIC AUTHORITIES FOR THE PURPOSES OF THE FREEDOM OF INFORMATION ACT?

GP practices are Public Authorities for the purposes of the Freedom of Information Act.

The GPC lawyer has provided the advice as follows:

GP practices are obliged under the FOIA to respond to requests about the information they hold and have recorded in any form;

Practices should consider whether they have the information requested. FOIA does not require a public authority (GP practices are public authorities for the purposes of FOIA) to produce or obtain information that it does not have, so if for instance, a decision or intention has not yet been reached, a FOIA request will not require the practice to reach one in order to answer the question. Where the practice does not hold the information requested, they should say so;

If the practice does have the information, then it should be provided unless one of the exemptions applies. There are a number of exemptions which are outlined in Part II (sections 21 - 44) of the legislation (<http://www.legislation.gov.uk/ukpga/2000/36/contents>). However, it should be noted that some exemptions are qualified, meaning even if the exemption applies, the practice will need to consider whether it is in the public interest to disclose the information or not;

One exemption that could apply is that of Commercial Interests (Section 43 - a qualified exemption). Practices should consider whether their business decisions are commercially sensitive when deciding if Section 43 applies;

When refusing to disclose on the basis of an exemption, the practice should comply with section 17 of the Act (i.e. the refusal should be communicated to the applicant in a refusal notice).

## CPR FOR CLINICIANS TIMESCALE

The arbitrary interval for CPR training was part of QOF only for employed staff and clinicians, not for partners.

CPR updates now remain a professional responsibility for partners who must decide what is appropriate and recommended by national bodies for their employed staff.

The LMC queried this with a GPC colleague who responds:

"It has always been an entirely professional matter. CQC of course will take a keen interest and, as always, make up their own rules. Personally I think it would be sensible for practices to take a practical and pragmatic approach and put on an annual session for all GPs and staff, quite simply so the CQC box can be ticked in the easiest possible way but there is no mandatory interval though I suspect there are various "guidelines" all blissfully evidence-free."

## DEPRIVATION OF LIBERTY (DOLS) AND INQUESTS

The Supreme Court has recently ruled that patients subject to a DoLS Order are effectively being 'detained' and as such in the event of their death require reporting to the Coroner due to having the same status as a death in Police custody. The Coroners and Justice Act 2009, requires an inquest to be held where someone dies in a state of detention.

The clear advice must be that for all GPs, including those who work Out of Hours and who attend a death where a DoLS order is in place, should report this to the Coroner, even if the death is from natural causes. If an OOHs GP confirms death and it seems very likely that the patient's own GP is able to issue a death certificate then the body can be removed and the Coroner contacted by the certifying GP. However, if the death is unexpected it should be reported to the Police using the standard sudden death protocol.

The House of Lords select committee on the Mental Capacity Act published a 10 month study on 13<sup>th</sup> March 2014 highlighting a lack of awareness and understanding of the Act. As a result, NHS England have commissioned an 'implementation programme' with SES & Seisdon CCG on behalf of Staffordshire & Stoke on Trent CCG's to raise the awareness of the Act and update their contracts and policies to ensure they are compliant with law.

A snapshot audit of local GPs supported the national picture of 'gaps in knowledge' therefore training is being developed with sessions to be offered in the New Year to ensure services are compliant with MCA in accordance with CQC standards for practice.

For further information please contact Jo Corbett (MCA Project Implementation Lead – [jo.corbett@northstaffs.nhs.uk](mailto:jo.corbett@northstaffs.nhs.uk)) or Lisa Bates (MCA Project Support Manager- [lisa.bates2@northstaffs.nhs.uk](mailto:lisa.bates2@northstaffs.nhs.uk)).

## ANNUAL LMC MEETING WITH DR RICHARD VAUTREY (GPC EXECUTIVE)

All GPs and Practice Managers are invited to attend this open meeting on Wednesday 11th March 2015 at Swinfen Hall, Lichfield. Please see attached invitation.

**Dr David Dickson**  
**LMC Secretary**

## DATES OF NEXT MEETINGS

29 Jan	Hill Street Health & Wellbeing Centre	<b>LMC</b>
12 Mar	Samuel Johnson Community Hospital	<b>AT</b>

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

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

## LMC MEMBERS

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

Dr D Dickson (Secretary)	01283 564848
Dr V Singh (Chairman)	01543 870580

Dr P Gregory (Executive member)	01543 682611
Dr G Kaul (Executive member)	01543 414311
Dr P Needham (Executive member)	01283 565200
Dr T Scheel (Executive member & Treasurer)	01283 845555

Dr M Bermingham	01785 822220
Dr O Barron	01889 562145
Dr J Chandra	01543 870560
Dr J Eames	01785 815555
Dr E Odber	01827 219843
Dr A Parkes	01827 68511
Dr A Selvam	01543 571650
Dr E Wilson	01922 415515
Dr A Yi	01543 870590
Dr H Zein-Elabdin	01922 702240

## DR V SPLEEN

Dear reader

As my dear Mrs Spleen and I approach the New Year we reminisce over 2014. She remarked how little she had seen of me over the past year. Surgeries ran longer so I rarely get home before 8pm even on a 'normal' day. More evening meetings to attend about the CCG, GP Provider group, LMC meetings, practice meetings etc. We remembered when I used to be on call for Xmas or New Years day, but back in those days I would be rarely called out by stoical patients whereas now even though I don't do out of hours the in-hours patients demand even more of my time. I bring paper-work home to do, and sit in front of the TV reading and answering countless e-mails, again a relatively new past time. Many more happy hours were spent filling in reams and reams of reflection on my e-portfolio - again in my 'own time.' Extended hours, on a Saturday morning in our Surgery also encroaches into my weekends. On the plus side we are fairly well reimbursed and get a relatively good holiday allowance which is flexible so I can spread the weeks out to give myself a regular break and avoid peak school holiday times now the little 'spleenies' have left school. So there are some good bits - I am even sipping a fine single malt given to me by a grateful patient as a thank you at Xmas time reminding me of our core role of looking after patients of all ages which we UK GPs still do remarkably well given all the impositions and distractions we endure.

So just a few more years before Mrs Spleen and I can enjoy retirement hopefully with some pension to enjoy.

Happy New Year!

**Venture**

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