LMC ViewPoint

The newsletter of Leeds Local Medical Committee Limited

June 2016

CAPITA/PRIMARY CARE SUPPORT ENGLAND UPDATE

Following further concerns raised by practices across England, NHS England has confirmed that it and Capita are very aware of the issues which have been reported and they say that they have put considerable resource in to deal with the problems. NHS England's National Director for Transformation and Corporate Operations has stated her commitment to ensure tighter governance and oversight, as well as more robust testing and checking. It is, however, for Capita to implement improvements and to that end Capita has appointed a new Transformation Director who is performing a full review of the Capita plan, as well as another Director who is reviewing operational logistics and planning. It has also increased the staffing capacity of the customer support centre by 300% and have increased the staffing and shift patterns for staff working in the medical records processing centre. These are positive moves, and we would expect considerable improvement in the coming weeks. As the overall chaos settles it will become more important to identify individual problems and highlight any new developments.

The statistics it is receiving show that broadly England-wide, there is improvement in the areas of medical records and supplies. GPC are also keeping an eye on the UK wide picture and how it impacts on cross border practices and the devolved administrations. They are aware of localised issues where local hubs and depots are not performing as they should (eg Manchester, Norwich), as well as some issues for particular types of practice (ie university practices and those with higher than average turnover) and it is dealing with these on a case by case basis. For example, it is increasing the capacity of CitySprint vans, altering delivery routes, and also working with the NHS supply chain. NHS England is working with, and monitoring, Capita closely in dealing with these issues and they have asked that issues continue to be raised via the customer service centre so that they can be dealt with appropriately, and they can analyse where the affected areas are.

With regard to supplies, the twice-weekly data they receive from CitySprint suggests that approximately 80% of orders are delivered in full on the designated date. There are some issues with individual hubs and these issues are being drilled down to find the source, but overall management and storage of supplies is improving.

With regard to records, there appear to be a few locales where there are particular issues, and the reasons behind the issues are being investigated and resolved. 30,000 records are being processed per day which means that there should be no backlog by mid-July and systems should be running to a high standard. The system in place for dealing with urgent records has improved and so urgent requests should be received appropriately. The notes contingency will run until NHS England is satisfied that Capita can deliver notes consistently within the contractually stipulated margin, but we do not expect them to exit the West Yorkshire pilot for several months. There has also been trade press interest in information governance breaches around the transportation of notes. GPC has been assured that NHS England are reporting any breaches to the Information Commissioners Office (ICO) and will publish details within their normal reporting timescales but we understand any serious breaches are in single figures. NHS England are involving the ICO in plans for the future system, but also looking at the historic arrangements which with scrutiny have shortcomings, hence an imperative to change.

The LMC would continue to encourage practices to highlight specific incidents both to us and via the Datix system so that they can be both logged but also acted on. It is important that we don't simply accept a poor service as an acceptable one but continue to push for further improvements.

LOCALLY COMMISSIONED SERVICE OF COMMUNITY BLOOD TAKING SERVICE FOR PATIENTS UNDER THE CARE OF A HOSPITAL CONSULTANT OR THEIR TEAMS

The Leeds CCGs have been working with the LMC to address previously raised concerns regarding the shift of phlebotomy from secondary care into general practice.

Following detailed discussions with commissioners, providers and the LMC, the CCGs are now in a position to offer a service specification to ensure that practices will be funded for undertaking phlebotomy activity for hospital requested tests. The service specification has been circulated to practices by the primary care teams. Some key points to note are:

- The scheme relates to phlebotomy requests from secondary care whereby the consultant retains *full clinical responsibility* for the patient and the outcome of the results
- The scheme will absorb the previous 'chemotherapy bloods' locally commissioned service
- The scheme excludes any phlebotomy requests required as part of the management of patients through the GP contract or through shared care where the amber drugs locally commissioned service still applies
- The scheme will be remunerated on a capitated basis; practices are requested to assign the appropriate read code which will be used for monitoring purposes rather than a cost per case basis

A number of practices across the city participated in an audit of phlebotomy activity which identified that between 5-10% of all requests were as a result of a hospital request. This audit has been used to set the baseline for this preliminary year at 10%.

Practices or groups of practices are encouraged to consider how they may work together to deliver this scheme to ensure sufficient access and resilience across populations. If you would like to know more, please contact your CCG Primary Care / Locality Team.

ISSUES WITH THE TPP QRISK 2 CALCULATOR

The following advice has been provided by Dr Andrew Green, Chair of the BMA's GPC Clinical and Prescribing Subcommittee, regarding prioritisation of work with respect to QRISK2 miscalculations:

'Concerns have been raised about calls for GPs to review urgently the care of patients whose risk calculation may have been incorrect, and management plan may have been affected. The concern is that, by prioritising this work, the overall primary health care of our patients may be harmed by diverting clinical time away from those with higher needs.

It is important to appreciate that the prescription or otherwise of a statin, which is the likely drug intervention under consideration, is only one part of the management of these patients. Whatever the calculation the most important part of care, the lifestyle advice, will not have been affected. Also the benefits, such as they are, of statin therapy apply to all patients no matter what their initial risk level, and the NICE cut-offs are based on economic not clinical grounds.

The precise QRISK2 figure (within reasonable limits) is rarely the ultimate determinant of whether a patient chooses to take a statin or not, which is far more likely to be based on patient factors such as attitude to risk, and the willingness to take medication to mitigate that risk.

Patients who are taking a statin without problems, but where one is not recommended according to NICE, will be highly unlikely to be harmed by the continuing prescription although it may not be as cost-effective. With the acquisition cost of the recommended statins being low it could be argued that providing expensive GP time to provide an earlier review than previously planned simply compounds the situation.

For those patients whose recalculated risk would lead to a discussion of possible benefits of prescribing, a review is indicated. However, as any benefits that might result from drug therapy for

primary prevention would come to fruition in the long and not short term this review must not disrupt the care of other patients.

In dealing with any unexpected situation it is up to GPs to clinically prioritise the demands on their time to ensure maximum overall health benefit. GPC is working with NHS England on its audit of a number of practices to assess the time required for this work with a view to getting it properly reimbursed.'

MEASURES TO CONTROL WORKLOAD

For practical ways in which practices can manage workload to deliver safe care, the BMA has launched a **Quality First Web Portal**, aimed at practices and individual GPs. This provides a single portal, including 'how to' guides, with real case examples of positive change. The pages are now live on the new BMA website: www.bma.org.uk/qualityfirst.

They cover areas including:

- Managing inappropriate workload
- Guidance on establishing or joining a GP network or federation
- Collaboration and working at scale
- Technology – new ways of working
- Patient empowerment
- Assessing and negotiating workload

The GPC hope to keep adding to and evolving this resource as they receive feedback and new examples from around the country. The original template pack has been updated and also converted to Word, with additional SystmOne, EMIS and Vision web templates ready to be exported into practice systems with ease. This should enable automated letters to push back on inappropriate workload, and should ideally be implemented via coordinated local strategies involving LMCs and CCGs.

In time, this is intended to become a dynamic noticeboard of LMC and practice views and ideas - part of creating a sense of empowerment and resilience for GPs and practices at a local and national level. They would therefore be very appreciative if GPs could share any examples of effective workload management by emailing **GPworkload@bma.org.uk**, so that they can add to the resources available.

Some of these initiatives can link into the General Practice Forward View's 'releasing time for patients' programme, which looks at ideas, support and funding to release time for care and to lessen workload.

They are also inviting members to share their experience via 'Connecting Doctors' (formerly 'BMA Communities') and you can join the conversation on twitter via **#GPworkload** which is the hashtag they will be using to promote this work and engage GPs around the country. Your feedback is valuable, will be listened to and taken on board, so do take the time to send your thoughts in to **GPworkload@bma.org.uk**

PMS PRACTICES SWITCHING TO GMS

Pulse magazine has revealed that almost a quarter of PMS practices have switched to GMS contracts in light of NHS England's national funding review. There were 3,042 PMS practices in England when the review began but by December last year 711 (23%) of these had reverted to GMS.

The review of PMS budgets identified £258m to be cut, having found they were not linked to providing specific services above GMS contracts. Only £67m of the extra funding received by PMS practices will be untouched, as it is linked to specific services. The full Pulse article is available at: http://www.pulsetoday.co.uk/home/finance-and-practice-life-news/almost-a-quarter-of-pms-practices-have-switched-to-gms-following-258m-cuts/20032038.fullarticle

Whilst we have been closely working with the Leeds CCGs on the use of PMS funding, the view of Leeds LMC is that we would strongly encourage PMS practices to think seriously about returning to GMS. As the funding difference is now being removed, the time is right for practices to reconsider the added value and long-term protection they might receive with a GMS contract rather than they do with a PMS one. If you wish to discuss this matter with the LMC, please contact the office at: mail@leedslmc.org.

FOCUS ON GP FUNDING CHANGES

The BMA has released new 'focus on' guidance about recent GP funding changes. Please follow this link to access the information on the following webpage:
https://www.bma.org.uk/advice/employment/gp-practices/focus-on-gp-funding-changes
It can also be accessed directly from the GP practice landing page:
https://www.bma.org.uk/advice/employment/gp-practices

FP10s

GPC has recently been made aware of an issue about the use of private prescriptions alongside FP10s and this note seeks to clarify the position following legal advice.

The question raised relates specifically to whether GPs can issue private prescription forms at the same time as FP10s, in circumstances where this is a cheaper option for the patient than paying the NHS prescription charge. GPC was asked to consider whether this could be either a breach of the Regulations or collusion to defraud the NHS, who would otherwise recoup the prescription charge.

The legal advice received is clear that in cases of treatment under the primary care contract, GPs may not issue private prescriptions alongside and as an alternative to FP10s. In any case where a GP is obliged to issue an FP10, the concurrent issue of a private prescription will be a breach of obligation. In any case where a GP is obliged or entitled to issue an FP10 the concurrent issue of a private prescription will be conduct calculated to deprive the NHS of a small amount of money and will on that account also be wrongful.

The advice is therefore that GPs do not issue private prescriptions under these circumstances.

ELECTRONIC PRESCRIPTIONS

The LMC has been in dialogue with colleagues in the local pharmacy committee about the use of electronic prescriptions and how best to use the pharmacy and patient messaging facility. We are advised that pharmacists should pass on the following:

- Patient or medication-specific instructions for example instructions for the patient to arrange an appointment with the prescriber for a blood test or guidance on a change to the patient's medication regimen;
- The patient's review date if within 4 weeks; and
- When the last repeat prescription authorised by the prescriber is dispensed, Pharmacy teams and local GPs can work together so that all parties agree how non-routine clinical information will be communicated from the GP to the pharmacy team. Pharmacy teams have the choice of how this information is passed on to the patient, for example printing the information on the right hand side of the dispensing token or in an alternative paper format such as on a dispensing label. Alternatively, it could be passed on verbally to the patient.
- The relevant patient information will be communicated to pharmacy teams electronically as part of the electronic prescription message and pharmacy systems will support teams with printing this information. Suppliers have a degree of flexibility over how systems alert pharmacy staff to the availability of this information and when and how the system can be used to print the information. This is therefore a key area for pharmacists to discuss with their system suppliers to ensure solutions being put in place meet the needs of pharmacy staff.
- Pharmacy staff will not be required to pass on routine information linked to the services offered by another provider for example: practice hours, an advert for a flu clinic.

If there are instances where this is not happening and, after conversations with the local pharmacy it is not resolved, then please contact: Community Pharmacy West Yorkshire Tel: 0113 2727560 Brooklands Court, Tunstall Road, Leeds, LS11 5HL

PATIENT SAFETY CONCERNS WITH RELVAR ELLIPTA

The LMC was represented at a recent meeting of the Leeds Area Prescribing Committee (LAPC) when a patient safety concern with Relvar Elipta was discussed. Please see briefing update annexed to this edition of Viewpoint.

MINDFULNESS BASED COGNITIVE THERAPY COURSE

The 3 CCGs have commissioned Dr Kamila Hortynska, a local independent clinical psychologist and mindfulness teacher, to deliver a free 8 week Mindfulness Based Cognitive Therapy course on Thursday evenings from 7-9pm, starting 8 September for GPs in Leeds. There are 15 places (5 per CCG) and the course will take place in North Leeds.

Dr Hortynska will be delivering a 2 hour taster and information evening on 14 July 7-9pm. This is part of a range of initiatives that are being offered locally to support GP's mental health and emotional wellbeing in partnership with the LMC. While other work takes place in the city to improve working conditions in primary care, mindfulness skills training is one of the most effective skills for GPs to learn to improve their own mental health and wellbeing. For more information please contact Dr Fiona Day, Associate Medical Director, Leeds West Clinical Commissioning Group; f.day@nhs.net tel 07948 429118

DWP GUIDANCE ON PROVIDING MEDICAL REPORTS

The DWP has updated the guidance for Healthcare professionals on providing medical reports to DWP: https://www.gov.uk/government/publications/dwp-factual-medical-reports-guidance-for-healthcare-professionals

SESSIONAL GP E-NEWSLETTER

The June edition of the sessional GPs e-newsletter was published on 9 June and is available online. The Chair's message focuses on the LMC conference and the motion that was successfully carried to reject plans for a fixed indicative minimum locum rate. Other blogs highlight rising indemnity costs and locum pre-employment checks and top tips for working to time as a peripatetic locum. The e-newsletter also covered the GPs event at Westminster and highlighted BMA learning opportunities. http://bma-mail.org.uk/t/JVX-4ACJR-1BJCJOU46E/cr.aspx

LEEDS DIABETES FOOT SURVEY

Dr Saifuddin Kassim works with Leeds West CCG and is also currently involved in improving care and reducing variation in diabetes care. He has asked for assistance with this survey as follows:

People with diabetes are at much greater risk of developing problems with their feet and have increased risk of amputations. We are trying to improve quality of diabetes care focusing especially on the foot care pathway. The information gathered from this survey will be used to support changes in improving quality of diabetes care delivered to patients. This short survey will take less than 7 minutes to complete. The link to the survey can be accessed at:
https://www.snapsurveys.com/wh/s.asp?k=146660777075
We will be grateful for your help. If you have any further queries about the survey, please contact Dr Saifuddin Kassim (Leadership Fellow, Diabetes & Endocrinology Specialist Registrar (ST7) at NHS Leeds West CCG by email s.kassim@nhs.net.

BMA IMMIGRATION ADVICE

Please also note that BMA members can access immigration advice through the BMA Immigration Advice service: https://www.bma.org.uk/advice/employment/immigration/bma-immigration-advice-service

RCGP RECEPTIONIST TRAINING COURSE AND RESPIRATORY WORKSHOPS FOR PRIMARY CARE NURSES

The RCGP White Rose region have recently introduced a Receptionist Training Course and Respiratory Workshops for primary care nurses and the details are as follows:

The ***Receptionist Training course*** will be held on Tuesday 12 July at Cedar Court Hotel, Wakefield from 1.15-4.30. The course will cover, amongst other things, the following topics:

- ✓ To develop effective telephone skills
- ✓ To recognise barriers to effective communication
- ✓ To understand the importance of listening
- ✓ Learn strategies for dealing with conflict
- ✓ Understanding the patient
- ✓ Reacting to conflict, warning signs, strategies to deal with conflict
- ✓ Time management
- ✓ Importance of prioritising a busy workload

Book here: http://www.rcgp.org.uk/learning/north-england/yorkshire/practice-receptionist-training-12-july-am.aspx

The ***Respiratory Workshop for primary care nurses*** is led by Tracy Kirk a primary health care educator and registered nurse with over 20 years of experience in the assessment and management of respiratory disease within primary care and is part of a series of Respiratory Nurse events - Suitable for any primary care based nurse involved in Spirometry interpretation. Other respiratory nurse events available: COPD, Adult Asthma & Paediatric Asthma.

The Spirometry for Primary Care Nurses course will be held on Thursday 29 September 2016, from 9:30–16:30 at Cedar Court Hotel, Denby Dale Road, Wakefield, WF4 3QZ
It will cover the following topics:

- ✓ The Aetiology of COPD
- ✓ The Pathophysiology of COPD and its common Co-Morbidities
- ✓ Diagnosing COPD in Primary Care
- ✓ The Assessment of COPD and Future Risk Analysis: Spirometry, CAT Scores, MRC, Pulse Oximetry
- ✓ The Management of COPD, smoking cessation, bronchodilator therapies, ICS therapy, pulmonary rehabilitation

Link to website: http://www.rcgp.org.uk/learning/north-england/white-rose/spirometry-for-primary-care-nurses.aspx

COMINGS AND GOINGS

A warm welcome to…..

Dr Sapna Vadher who joined The Avenue Surgery, Leeds 17, as a salaried GP in April 2016
Dr Joshua Robertson who joined Dr S Laybourn and Partners as a partner
Andrew Stephens who is the new Practice Business Manager at Woodhouse Medical Practice from 1 June
Dr Angela Stonelake who joins Manor Park Surgery from Community Paediatrics

Good bye and best wishes to…

Dr David Moore who retires from Dr S Laybourn and Partners at the end of June after 28 years of service
Dr Elton who is retiring from Manor Park Surgery after 25 years, she will be missed by patients and colleagues alike. Dr McFadden who is also leaving Manor Park Surgery, colleagues wish her well

Practice vacancies at…..

The Avenue Surgery, 24 The Avenue, Leeds, LS17 7BE
Salaried GP (2 sessions Monday and Tuesday morning)
Address: Contact: Lynne Doyle, Practice Manager, 0113-295-3780, email: lynnedoyle@nhs.net

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