

General Practice In Touch

A newsletter from Lincolnshire LMC Ltd

For GPs, Practice Managers & Staff

January 2015

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Quality first: managing workload to deliver safe patient care

The BMA's GP committee has launched new guidelines aimed at helping GP practices cope with the escalating workload which is leaving many practices struggling to provide adequate time for patients. This comes as NHS England has launched a major new project to reduce workload in general practice.

The new guidance, [Quality First](#) gives GP practices practical guidance and measures to work within manageable limits to deliver safe quality care. In order for GPs to be able to concentrate on delivering patient care, it also calls on local Clinical Commissioning Groups (CCGs) and NHS managers to stop inappropriate workload demands on GP practices, as well as providing the support they need to deliver essential services.

The GPC chair is writing to CCGs highlighting this new guidance and asking them to make "GP service pressure" a standing item on all future CCG board meetings.

It includes advice on:

- Stemming inappropriate workload that prevent GP practices from delivering core services to patients
- Challenging misguided bureaucracy and reducing its burden on GPs and practice staff
- Making the most of new ways of working, including practices working together, and implementing new developments in IT
- Fighting for adequate resources for clinical work and re-examining which additional or enhanced services practices can provide
- Working in partnership with patients to empower them to better manage their care

"This guidance aims to support GP practices to provide safe and quality care to patients – especially those in most need - at a time of intense pressure and when inappropriate work is taking them away from fulfilling their prime duty of care as GPs.

GP services are under unprecedented workload pressure, with practices seeing record numbers of patients - 40 million more annually than in 2008 – against a background of mounting bureaucracy and falling resources. At the same time, patient needs are becoming more complex and if anything GPs need more time with them. "The demand on GP practices has far outstripped capacity. This is having a direct effect on patient services, with longer waits for a GP appointment and many practices struggling to provide adequate essential services for their patients.

Cont. overleaf

Quality first: managing workload to deliver safe patient care

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Increasing numbers of practices are under intense pressure due to GP vacancies that cannot be filled, while others are working in inadequate premises, and with insufficient staffing. The guidance gives practical advice on how GPs can focus on providing essential services to their patients and challenge some of the inappropriate and unsustainable demand on practices. This includes advice on how practices can prioritise GPs' role as clinicians, with a primary duty of care for their patients. It also gives pointers and tips on how GP practices can work together and support each other, work in different ways as well as adopt new technologies, and strengthen relationships with patient groups, to develop and encourage self-care.

This, of course, is only part of the solution – fundamentally, the Government must address the deep financial and capacity problems at the root of the crisis in general practice. These long term problems need to be addressed by all political parties as we head towards this year's general election."

DNA-CPR

In recent months there have been some concerns regarding Do Not Attempt Cardio-Pulmonary Resuscitation (DNA-CPR) orders.

There have been some reports from practices that patients who have DNA-CPR orders in place, have been resuscitated against their wishes, because the DNA-CPR was recorded on the "wrong form". Specifically it was cited that the form had to have a red border to make it valid.

A new EMAS DNA-CPR is being introduced. This has caused anxiety that patients who have their DNA-CPR recorded on the old form will need a new form completing for EMAS to accept the form as valid.

Because of these concerns, the LMC has been in contact with EMAS, and we have received assurances from the Lincolnshire Quality Manager that they have recently revised the Standard Operating Procedure (SOP) for DNA-CPR, and that the concerns above are not correct.

The EMAS SOP states in various different sections-

DNA-CPR orders can be:

- On plain paper and do not have to be on a standard form
- Can be signed by any registered clinician (i.e. Doctor or Nurse)
- Can be given verbally
- Do not have an expiry UNLESS stated
- Can be in the form of an advanced directive to refuse treatment signed by the patient.
- Must be accepted unless you have reason to believe it is not genuine.
- A photocopy is acceptable as long as there is no evidence that it should not be considered valid.

DNA-CPR is a legal document that provides evidence that a patient should not receive CPR in the event of cardiac arrest (unless from an unrelated reversible cause for example choking). The presence of such documentation provides evidence that active treatment should not be provided in the event of cardiac arrest.

The East Midlands Unified DNACPR form, is recognised across the East Midlands – however other forms may also be used and should be accepted.

How should a DNA-CPR directive be recorded? There is no standard DNA-CPR form. Many Trusts will record the directive on a form specific for that purpose. However, a resuscitation directive can still be documented on a letter or as an entry in the patient notes.

Dementia

Practices cannot have failed to notice that dementia is currently politician's and NHS England's hottest topic. CCGs are being performance managed to increase the diagnosis rates of dementia, and practices are being encouraged to screen patients for dementia, and to clean up their dementia registers. The Dementia Diagnosis DES was designed to incentivise this work.

Some practices have expressed concern over this agenda, as making a diagnosis of dementia has significant implications for patients and carers. There have also been concerns about resources available to make the diagnosis and provide support once the diagnosis has been made.

The LMC recently attended a meeting with NHS England Clinical Director for Dementia, Professor Alistair Burns, and many of these issues were addressed.

Why is dementia diagnosis a national priority?

Prof Burns highlighted that the priority is not diagnosis, but "diagnosis and access to post diagnostic support".

This is a priority because dementia has for years been an under-resourced condition, and with an increasingly ageing population it will become an increasingly common condition.

When asked, patients and carers report that having a "diagnosis" is the most significant event in helping them access support.

Do all patients with suspected dementia need specialist investigation, such as imaging?

No, both the NICE and NHSE guidelines regarding diagnosis and management suggest that in patients with established dementia, the focus should be on support rather than investigation.

Specialist investigation should be considered in suspected dementia where diagnosis cannot be easily made by the GP, or the diagnosis is uncertain.

GPs can initiate and stop anti-dementia medication, as long as they are confident doing so.

What further support should be available for patients with dementia?

NICE guidance states that we should offer the person with dementia and their family written information about;

- signs and symptoms
- course and prognosis
- treatments
- local care and support services
- support groups
- sources of financial and legal advice and advocacy
- medico-legal issues, including driving
- local information sources, including libraries and voluntary organisations

NHSE has produced an excellent "primer" for general practice called Dementia Revealed, which is available at <http://www.england.nhs.uk/wp-content/uploads/2014/09/dementia-revealed-toolkit.pdf>

If your practice did not sign up for the DES, but you now feel that your practice would like to carry out some work to diagnose and support patients with suspected dementia, there may still be financial support available for this work. NHSE may still be able to sign you onto the DES if you request this, and the LMC will support you in this request.

GPC Survey: The Future of General Practice

Make your voice heard about your future

The GPC is conducting a major survey of the profession. The survey is quite lengthy but this is essential to gain a comprehensive picture from GPs about their current work and pressures, how they wish to work in the future, under what arrangements, and importantly how they would like to see general practice develop.

The results will be able to be stratified to include category of GP, years since qualification, area of work etc. The survey findings will help inform GPC policy to shape a sustainable, fit for purpose future model of general practice, and which we will be able to present to the incoming government.

It is important that the GPC is able to get the best possible picture of the views of **all** GPs -from trainees, newly qualified, partners, locums, salaried GPs through to those at the tail end of their careers. **The LMC strongly endorses the need for this survey and we hope that you will find time to respond to it.**

The survey will be carried out by the BMA's health policy economic research unit (HPERU). You should have received an email with the link to the survey over the weekend and paper versions should start arriving this week. If you wish to participate and have not received the relevant information, please email info.hperu@bma.org.uk for an electronic copy of the survey.

£1 Billion Funding for GP Premises - England

NHS England has announced the bidding process for the first tranche of the £1 billion additional funding for GP premises. A total of £250 million will be available in the first year. GPC understands that of this 75% will be dispersed via improvement grants that practices can apply for in order to upgrade their existing premises. NHS England has indicated it will prioritise projects which enhance access to general practice (including increased appointment and patient contact time) and/or reduce emergency attendance or admission to hospital of over-75s.

In their applications, practices will need to demonstrate how the funding will deliver these objectives. All applications must meet the criteria for improvement grant funding as laid out in the 2013 Premises Cost Directions. To assist practices in accessing the additional funding, GPC will shortly be producing guidance on the application process. The use of the remaining three years of funding remains under discussion and GPC will seek to ensure that it is utilised in manner that provides the maximum value and support for practices.

Workforce Minimum Data Set – Position of GPC

Following the recently issued GPC position statement on the Workforce Minimum Data Set, we have heard further concerns from practices and LMCs about the data collection, particularly around workload and the sharing of personal staff data.

GPC has therefore contacted the Department of Health (who has directed the Health and Social Care Information Centre (HSCIC) to undertake this collection) to take up these concerns, and will be meeting urgently with both organisations to discuss the actions being taken to address the issues raised. We are also contacting the Information Commissioner's Office (ICO) to help clarify the legal position for practices in respect of the Data Protection Act (DPA).

In the meantime we would advise practices to await further guidance before proceeding with the preparation of the data, and GPC will issue further information as soon as possible.

Payment of NHS Pension Scheme Contributions

Employers, who do not pay NHS Pension contributions on time, may be charged interest at a rate of 4.7% pa and an administration charge of £75.00.

Please see the [Employers Newsletter](#) for further details and a recommended processing schedule for the remainder of 2014/15.

If you have any enquiries please email nhsbsa.pensionsfinance@nhs.net in the first instance.

Performance Matters

The LMC is regularly involved in representing and supporting doctors who have been identified as having "performance" issues. The LMC has identified a number of themes which recur, and this regular feature will highlight these, so that our members can avoid these pitfalls.

Blood Test Results

We all receive, deal with, and file, hundreds of blood test results every week. In the vast majority of cases this is a seamless and uncomplicated process. However, over recent months a number of cases have been discussed at performance panels where the main concern has been due to incorrectly filed blood test results, or results not being actioned correctly once filed.

Incorrectly filed results

When doctors and nurses file blood results, they are usually filed as "normal" or "abnormal", but could also be filed as "borderline", "abnormal, but expected", "normal, but unexpected", or various other possibilities. There have been a number of cases in which an adverse outcome has occurred for a patient as a result of an abnormal result being incorrectly filed as "normal". This is, of course, usually through human error. There are, however, times when an abnormal result is filed as "normal" because the clinical judgments of the clinician, such as an eGFR of 45 in a patient with known stable CKD.

When human error has occurred, and an adverse outcome as a result, such as a missed diagnosis, the performance team often look at other blood test results which have been filed by the clinician. If there are a number of times when "clinical judgment" has been used, and abnormal results are filed as "normal", this could cause concern about the clinician's performance.

Incorrectly actioned results

When pathology results are filed, they also usually have an action marked against them, for instance; "no action", "make appointment", "speak to doctor", "repeat test" etc. If a pathology result has been filed with an action, but this action is not correctly completed, this can lead to adverse outcomes for the patient. For instance, a patient who needs further investigation for a low blood count, the result is filed as "abnormal, make appointment", but no appointment is made. This can occur for a number of reasons, such as; the clinician has not communicated with the patient how to find the result of tests, the clinician does not ask an administrator to make the appointment, or the administrator does not make the appointment.

To reduce these risks, the LMC would recommend that;

1. Clinicians have time set aside for administrative tasks, such as filing blood results, so that the risk of "human error" is reduced.
2. If results are "abnormal", but normal for the patient, these should be filed as "abnormal, but expected", or "borderline". The comments box is also a useful tool for making thought processes obvious if the results need to be reviewed later.
3. Practices should have robust procedures for dealing with giving patients blood test result. These procedures should be uniform between clinicians, but if clinicians vary these procedures, this should be made clear in the patient's record, for instance "will only call the patient if the result is abnormal".
4. Practices should have robust procedures for taking action on outcomes from filed blood results, so that actions are not "completed" until the action has actually been finished. This is particularly important for some results, and the procedures should highlight how particularly important results should be dealt with.

If practices or clinicians would like further advice about this, or any other issue which appears in Performance Matters, please contact the LMC office and we will try to help.

National GP Patient Survey

NHS England and Ipsos MORI have published the latest official statistics from the GP patient survey. The survey provides information on patients' overall experience of primary care services and their overall experience of accessing these services.

The latest survey consisted of 2.64m questionnaires sent to adults registered with GP practices in England in two waves, from January to March 2014 and from July to September 2014. A total of 881,183 patients completed and returned a questionnaire, a response rate of 33.4%.

Practice results may be viewed at <https://gp-patient.co.uk/>

Hits & Tips for Dispensing Contractors

Issue 18 of the NHS Business Services Authority's 'Hints & Tips' for dispensing contractors is now available to read on our website. [Click here to read the latest edition](#)

Briefing for GPC Executive Team on Migrants Accessing NHS services Immigration Act

The BMA briefed MPs and Peers during the passage of the Immigration Bill and made clear that we accept the need to protect the public purse by limiting access to healthcare in some circumstances, preventing the deliberate misuse of limited resources. However, any measures to do so must be practical, necessary, and appropriate.

The full article is available to read on the [LMC website](#).

Practice & Other Vacancies

The following vacancies are currently being advertised. For more information please see the

[Lincolnshire LMC website](#):

Long Bennington - Salaried GP - Closing Date 30 January 2015

Ruskington - Salaried GP - Closing Date 30 January 2015

Market Deeping - Salaried GP - Closing Date 28 February 2015

If you would like to advertise a vacancy on the Lincolnshire LMC website & newsletter, please email Sharon Cook, sharon.cook@lpft.nhs.uk

Forthcoming Events

National Care Certificate Launch

The national care certificate launch is in February, with the East Midlands regional launch event taking place on **18th March 2015, 9.30am-4pm, Holywell Park, Loughborough, LE11 3GR**. To book your place on the regional launch event please click on the attached link https://www.eastmidlandsdeanery.nhs.uk/courses_events/ and scroll down to find the event (East Midlands launch of the Care Certificate).

Please note that there is limited availability which is on a first come, first served basis.

The regional launch is an opportunity to:-

- Hear from organisations and individuals who have been involved nationally in the development of the care certificate
- To share best practice to-date
- To hear Pilot Site experience
- Discuss the implications and concerns for your organisations
- To network across East Midlands to develop partnership working

The event is aimed a wide audience, to include Senior Nurses, Educational Leads, HR, and those individuals across the Health, Social Care and Private Sectors who will be responsible for roll out in organisations and embedding into commissioning of services.

BMA - New course dates for 2015: employment law for GP partners and practice managers

Keeping track of employment legislation, best practice and other human resources issues can be a headache. You cannot be an expert on all the issues, but it is important to understand the principles of employment legislation to ensure a good working environment and avoid a legal challenge.

This series of courses is designed to help you develop skills in the practical management of people. Suitable for GP partners or practice managers, the courses will help you to get the best from your team.

Introduction to employment law

Introducing the basics of employment law, the course will help you get to grips with relevant legislation, recruitment and selection processes, changing and terminating contracts of employment.

Find out more and book your place online.

Managing absence and performance

Giving practical advice and detailed strategies for dealing with absence and performance issues, this course will help you treat staff fairly and consistently and ensure high levels of engagement and morale.

[Find out more](#)

Managing disciplinary and dismissal

Facing staff conduct and performance issues can be difficult and this course is designed to help you manage these in the right way. Understanding and using the disciplinary procedure effectively will help you treat staff appropriately and avoid legal challenges.

[Find out more](#)

Courses take place in venues around England and reduced registration fees are available for BMA members and their staff.

Please contact BMA conferences with any queries on 020 7383 6605 or by email at confunit@bma.org.uk

Forthcoming Events

Lincolnshire Practice Managers Development Group
would like you to

Save the Date!

For the

**7th Annual Lincolnshire Practice Manager's
Conference**

Back by popular demand:

**Dr Phil Hammond: GP, Entertainer and Health Service Writer
Date: 8th and 9th October 2015**

**Venue: Belton Woods Hotel and Conference Centre
Grantham**

If you have not joined us before please check the LPMDG website to
view the full delegate feedback for the 2014 event:

<http://lpmdg.co.uk/2014-annual-conference-delegate-feedback/>

Contact Us



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