General Practice In Touch

A newsletter from Lincolnshire LMC Ltd

For GPs, Practice Managers & Staff

May 2015

LINCOLNSHIRE LMC
Local Medical Committee (Limited)

Lincolnshire General Practice
All together for a healthier community

Marketing Lincolnshire General Practice

We all know that it is difficult to recruit doctors at the present time. We also know that this situation is worse in Lincolnshire than in other areas. For this reason the LMC has been working with BMJ Careers to create a brand "Lincolnshire General Practice".

We plan to use this brand to market Lincolnshire as a place to come to work.

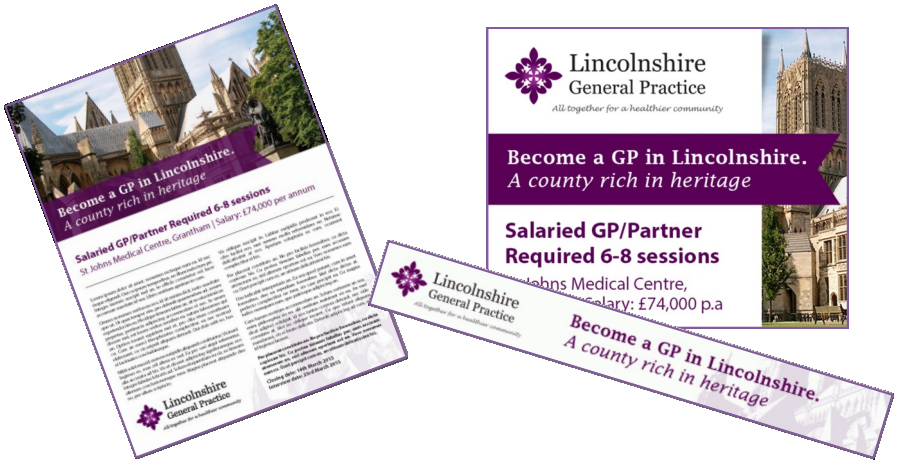
Initially, we have developed a logo and marketing material to be used for advertising in the BMJ Careers section, which all Lincolnshire practices will be able to use when advertising for GPs. This brand could also be used for recruiting other health professionals too.

We hope to also develop online marketing tools including; an online microsite, Facebook presence, and a Lincolnshire General Practice video.

The plan is to use full-page adverts in the BMJ Careers which highlight the positive aspects of working and living in Lincolnshire. Within these full-page adverts practices could have space to advertise any positions which are available.

This, of course, does not come cheaply. A quarter page advert in the BMJ is usually £2400 plus VAT for two weeks. We have negotiated a deal whereby we secure the full-page advert every week, and this is paid for by funds which the LMC has sourced. Practices would be asked to contribute to this if they advertise, and we would be able to offer this at a significantly reduced rate.

We plan to role this project out in the next few weeks, so if you are planning to advertise speak to us first.



Treatment of Dental Problems

GPs and practices are frequently approached by patients who have dental problems, such as toothache, dental abscesses, and antibiotic prophylaxis for dental surgery. The LMC is frequently asked what guidance there is regarding this difficult and divisive situation. Our patients often demand treatment from us, and sometimes they have even been advised to seek help from us by their dentist. This article aims to give you advice about the proper course of action in these situations.

Toothache and Dental Abscess

The GMC's 'Good Medical Practice' is very clear about working within the limits of your knowledge and training – most GPs have very little or no training in dentistry. Therefore, GPs should not be treating dental problems.

Dental problems are best assessed by dental practitioners who are fully trained in that field. You are advised to recognise your limits.

NHS choices website states-

- The only way to cure a dental abscess is with dental treatment.
- Your GP can give you advice, but they cannot provide the treatment needed to cure an abscess.
- Your dentist will treat your abscess using dental procedures and, in some cases, surgery.

The LDC has advised us that dental abscesses should not be treated with antibiotics, as the abscess may need draining or dental extraction. Mishandled abscess can be complicated by a rapid spread of infection (Ludwig's Angina) which can be fatal.

Furthermore, if a GP prescribes a medication he accepts responsibility for all aspects of that prescription. The GP could well be professionally and legally liable for any adverse consequences if he agreed to undertake ongoing care of a dental condition and the patient suffered harm as a result.

Thus, LMC advice is-

- to offer analgesia for the pain of toothache or abscess to last the patient until they can see a dentist.
- if the patient has no dentist, signpost them to NHS 111 or NHS Choices website, which can give the patient details of the local emergency dentists.
- if a dentist has requested that you prescribe antibiotics, decline to do so, and contact the dentist and request that they prescribe the antibiotic on an FP10D.

Antibiotic prophylaxis for dental procedures

Until 2008 it was advised that some patients at risk of infective endocarditis should have antibiotics prior to dental surgery, and some patients and dentists still request this. However, NICE Guideline 64 Prophylaxis against Infective Endocarditis states "Do not offer antibiotic prophylaxis against infective endocarditis to people undergoing dental procedures". Thus, we advise that you inform patients that antibiotic prophylaxis is no longer recommended.

Access To General Practice

Colleagues will not be surprised to learn that GP Access is high on the political agenda as we go forth into the Election. It was certainly a consistent theme from MPs and Prospective Parliamentary Candidates as the LMC went around the county meeting with them and lobbying them on the state of General Practice.

In considering the issue of GP Access and in recent discussions with some CCG's on what is a contractual obligation in respect of GP Access, it transpires this has become something of a focus for them too.

The GP Contract is quite clear on the core hours; the contract states, "" core hours" means the period beginning at 8.00 a.m. and ending at 6.30p.m. on any day from Monday to Friday Except Good Friday, Christmas day or Bank Holidays". Under Schedule 6 Part 1 Provision of Services para 2(1) Attendance at practice premises, it states :

The Contractors shall take steps to ensure that any patient who

Has not previously made an appointment; and

Attends at the practice premises during the normal hours for essential services is provided with such services by an appropriate health care professional during that surgery period except in the circumstances specified in sub para (2) which relates to referral elsewhere or through the offer of an appointment at another time

In interpreting this it is essentially suggesting that the practice should make themselves available between the core hours of 8.00 – 6.30p.m. for routine primary medical services. It is silent on the issue of closing for lunch or at any other time; except that in Schedule 10 – Information to be included in the practice leaflet para 14: it states "The opening hours of the practice premises and the method of obtaining access to services throughout the core hours"

During the core hours it is expected that a patient might be able to access routine primary medical services; be it making an appointment by phone or visit, ordering or collecting a prescription in addition to attending for consultations with the various healthcare professionals. If a practice is closing at lunchtime it must enable reasonable access for patients to these services. It is not consistent with the regulations to have the surgery door locked, the answer phone on with a number to ring in an emergency. It is also not consistent to only offer 111 during core hours as a means of access to services; whether that be during the lunchtime period or at start of end of the day.

It is thus important that practices ensure they are clear in their leaflets and within their practices how patients access routine primary medical services throughout core hours and that some practices review their answerphone messages and their procedures to enable this.

Upcoming Changes to Parental Leave

On 5th April 2015, two very important changes will come into force in respect of parents and adoptive parents' rights to parental leave.

1) <u>Age Limit Increase</u>

First, the age limit for children in respect of whom parental leave can be taken, will increase from 5 to 18 years of age. This entitles parents up to 18 weeks unpaid leave for the purpose of looking after their child at any point up until the child's 18th birthday. For small professional practices, this will impose a very substantial burden on resources.

Practices are advised to implement their own non-statutory schemes in respect of Parental Leave, which offer enhanced rights to those provided for in the Legislation. Great care should be taken if the practice intends to offer less favourable rights than those offered under the default scheme and we would strongly advise you to seek advice if this is your intention. The default scheme as detailed in Schedule 2 of the Legislation applies in the absence of a tailor-made policy. It should be noted that under the default scheme a maximum of 4 weeks leave can be taken each year.

2) New Shared Parental Leave System

Second, a new system of shared parental leave will be introduced and this is the main subject of this article.

Please be aware of the difference between Shared Parental Leave and Parental Leave. Parental Leave is unpaid leave that a parent is entitled to up to the 18th birthday of the child. Shared Parental Leave is a separate scheme which allows parents to share the statutory maternity leave in the year following the birth of the child.

Shared Parental Leave is a system which allows eligible parents (including adoptive parents) to share the maternity/adoption leave allowance between them. They can take the leave together or separately; intermittently or continuously; between the date of birth of the child and 52 weeks thereafter. Both parents can therefore share the leave entitlement and pay following the birth of their new-born.

The eligibility criteria for Shared Parental Leave are as follows:

- They must be entitled to maternity/adoption leave;
- They must share the primary responsibility of caring for the child;
- One parent must satisfy the continuity of employment test;
- The other partner must satisfy the employment and earnings test; and
- They must notify their employer of their intention to use Shared Parental Leave at least 8 weeks before the start of the period of Shared Parental Leave. The notice must include their leave entitlements and their intentions for taking it

Employment Test - The parent has been employed by the same employer for at least 26 weeks at the end of 15th week in which the child is due (or in the case of adoption, at the week in which they are notified of having been matched with a child). They must also still be employed in the first week that the Shared Parental Leave is to be taken.

Continued from Page 3

Employment and Earning Test - The other parent/partner must have worked for at least 26 weeks in the 66 weeks prior to the due date and earned over £30 a week in 13 of those 66 weeks.

The leave must be taken in complete weeks but note that the employer is entitled to refuse a request for leave in a discontinuous period. Parents can instead ask that the leave be taken in a continuous block. The parent is entitled to submit 3 separate notices to book leave but they must each be submitted at least 8 weeks before the intended period.

If a parent gives notice to end adoption or maternity leave early, then this entitles them to shared parental leave and pay. The remainder of the 39 weeks maternity pay (up to 37 weeks as there is a two week compulsory period of leave) can be taken as Statutory Shared Parental Pay. From 5 April 2015, the statutory shared parental pay will be £139.58 per week or 90% of the parents average weekly earnings (whichever is lower).

Shared Parental Leave is intended to provide more flexibility for growing families and to assist in the struggle of balancing work and home life. It is advised that employees and employers discuss the options together as far in advance as possible, so that they can plan the best way to accommodate the periods of leave. Employers should ensure that all employees are aware of their statutory rights and should consider developing a policy and procedure to follow when considering parental leave.

If you require any further assistance or have any questions at all about the rights and responsibilities in respect of Parental Leave, then please do contact Lockharts Solicitors. We would be more than happy to provide any further advice and to assist you in preparing a policy tailored to your business needs.

For further information, please contact Ron Cheriyan, who is a Dispute Resolution Solicitor at Lockharts Solicitors. Ron can be contacted directly at rc@lockharts.co.uk. All general Employment Law enquiries should be directed to csd@lockharts.co.uk. Alternatively, please contact us on 0207 383 7111 or by visiting our website www.lockharts.co.uk.

Care Certificate

Following the introduction of the Care Certificate in April 2015 we have received a number of enquiries about how this will work in practice. Please see the following link to a GPC Focus On document outlining the key details and the GPC position. This is also available on the LMC website .

Vaccinations and Immunisations guidance and service specifications

The Vaccination and Immunisation programme 2015/16 – Guidance and Audit requirements and the Technical requirements for 2015/16 contract changes have now been published on NHS Employers Vaccs and Imms pages. The service specifications for Childhood flu, Seasonal influenza and pneumococcal, MenC freshers, Pertussis (pregnant women) and Shingles (catch up) vaccination programmes are available from the NHS England Commissioning page.

The BMA website vaccinations and immunisations page has also been updated to reflect the changes for 2015/16 and has links to all the guidance documents and service specifications.

GP2GP improvements in 2015

During 2015 suppliers will be releasing the next version of GP2GP software (V2.2a). Improvements include reducing printing for leaving patients, ability to transfer large records, and clearer error messages. Visit the GP2GP future developments page on the HSCIC website for more detail.
To be certain GP2GP users receive information about future developments, HSCIC recommends that everyone that deals with GP2GP in practices subscribes to the email newsletter.

QoF and Contractor Population Index (CPI)

Following some queries on the change in the average list size figure used in the CPI for QOF purposes, I queried this with NHS Employers who in turn received the following explanation from HSCIC:

"There have been a number of questions raised concerning the recent change to the average list size figure used in Contractor Population Index (CPI) that is used as part of the year end QOF achievement.

NHS England would like to assure users that the figure of 7,087 is the correct figure for use and is the average list size figure as at 1 January 2014 as required under the Statement of Financial Entitlements.

There has been no change in the calculation of CPI other than to ensure an incorrect figure is replaced with the correct figure in time for calculation of 14/15 QOF Achievement.

It was identified that the previous figure (7,052) was incorrect and communicated in error having been calculated based on the data available at the time rather than using the information calculated and reported directly from Exeter Registration System (which is the correct and routine procedure for confirming average list size for use in CPI). The error was spotted and amended immediately and before the calculation was used, this ensured that all practices will be paid the correct amount due and we would not be in a situation where funds had to be reclaimed.

NHS England apologises for the misunderstanding and confusion caused by calculating and publishing the incorrect figure."

CQC Registration Application and Variation Changes

The CQC is introducing new registration application and registration variation forms for providers. The new forms have been developed to take account of the changes to regulations from 1 April, including the introduction of the fundamental standards.

This change will affect all health and social care providers, including those GP providers who use online services. Around two-thirds of GP providers currently use online services to apply to make changes to their registration.

The new forms will be made available to users of online services between Friday 17 and Monday 20 April – and any draft forms will be deleted at this stage. More information is available here.

The CQC has published a news article on its website, explaining the phased process by which they will begin accepting the new offline forms and stop accepting the old versions.

http://www.cqc.org.uk/content/new-registration-application-and-registration-variation-forms

Lincolnshire Carers Partnership

Lincolnshire Carers Partnership are appealing for support with the following events:

22 May – **Carers Annual Event – the Venue Navenby 10.00am – 3.00pm** if you would like to book a stand and/or a 15min informal presentation/demonstration slot on this open day programme let us know ASAP. We would be grateful if you could also invite carers from support groups to attend. The theme for the day is ***'I Care, I Can'*** and there is an opportunity for any Carers who have a talent / skill they would like to share to do so. The speakers in the morning will be repeated in the afternoon, stand places are limited and pre booking is required; e-mail clive@lincscarerspartnership.net

Carers Week 8 -14 June – If you haven't already you can register as an individual or business at http://www.carersweek.org and you will receive a free information/resource pack. We are keen to map what is going on in all corners Lincolnshire and kindly ask if you can confirm your event details with us and we will produce a guide for Carers.

We would also like to propose a meeting of partners to discuss how together we can through a coordinated approach facilitate information stands on market days and in any other potential venues across the county. Please email clive@lincscarerspartnership.net if you can help support this joined up approach and/or your availability to meet (am or pm) on the 27, 28 or 30 April.

We are now taking bookings for ***'Carers Question Time 2'*** an invitation to care service/support providers and health care professionals and Carers to come together to debate topical issues on Monday evening 8 June 7.00 - 9.00pm University Business & Law School, Brayford Ward East Lincoln, LN6 7TS. please email info@lincscarerspartnership.net to book your place and/or a stand.

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.

Consent

Not getting adequate consent is the fourth most common cause for medical indemnity claims. It also accounts for high proportion of the cases which are taken to the GMC and local Performance Groups.

When consent is not adequately obtained, and a claim arises, 75% of claims are settled without going to court. This suggests that not getting adequate consent is indefensible.

In general practice, consent usually applies to examination, and can also apply to testing and carrying out procedures. We generally assume that patients want to be examined, and also that when we ask to perform an examination that the patient will consent. Most of the time the patient will demonstrate this implied consent by exposing the relevant area to be examined.

During recent performance hearings this assumed implied consent has, however, been highlighted as a risk for the doctor. For instance; when asking to examine a patient's chest they may not realize that we want to examine the back of the thorax. This could lead to the patient feeling that the examiner has not got full consent for examination.

One complaint which was part of a recent investigation was that "the doctor hit my chest again and again". Clearly the doctor was percussing the chest appropriately, but the patient did not understand this. What this demonstrates is that a proper explanation of procedures, including examination, is essential when gaining consent. If the doctor had said "I would like to examine the front and back of your chest with my stethoscope, and to tap your chest with my finger, would that be ok?" the patient would have been able to give informed consent to this, verbally and by implication.

When carrying out intimate examinations the need for adequate consent is, of course, more critical. The GMC has issued specific guidance on intimate examinations, this states;

"Before conducting an intimate examination, you should:

A) explain to the patient why an examination is necessary and give the patient an opportunity to ask questions

B) explain what the examination will involve, in a way the patient can understand, so that the patient has a clear idea of what to expect, including any pain or discomfort

C) get the patient's permission before the examination and record that the patient has given it

D) offer the patient a chaperone"

We are used to asking for permission to perform examinations, but are not so used to explaining the purpose of the examination, and detailing the exact nature of the examination.

The GMC policy states that we should "offer the patient a chaperone", and there is further guidance given about chaperoning. The LMC recommends that all practices have a chaperoning policy which reflects this guidance.

Consent for medical procedures is equally important. The main reason for complaints about medical procedures is that the patient did not have enough information to make an informed choice about whether or not to have the procedure. For this reason it is recommended that the pros and cons of medical procedures are given to the patient both verbally and in writing in advance of the procedure. In hospitals this information is usually given on multiple occasions; in clinic, at the pre-op assessment, and prior to surgery. In general practice we often do not have the luxury to provide this level of information sharing. However, for commonly carried out procedures, we could, and should, explain the procedure when we initially agree to add the patient to a waiting list. Ideally the patient should also be given an information leaflet, so that when they return for the procedure they have had time to digest the information and have opportunity to ask questions before giving written consent.

As with all Performance Matters issues, all of the advice is only useful in practice if documented in the patients notes. Thus, when gaining consent for examinations and procedures, it is vital to record that an explanation was given for the purpose and process, and that the patient consented for the examination or procedure to be carried out.

Rheumatology Shared Care

The LMC has recently been informed that from 30th April 2015 the shared care agreements for various rheumatology drugs will change, though this planned change is currently on hold whilst further negotiations are held.

The main change is that the ULHT consultant rheumatologists will no longer be regularly reviewing patients who are taking the effected drugs, with the expectation that GPs and practices who are monitoring the drugs will actively seek consultant input when monitoring raises a problem.

The drugs effected are-

- Methotrexate
- Hydroxychloroquine
- Sulfasalazine
- Leflunomide
- Gold

The new shared care agreements have been agreed by PACEF, but are not currently available on their website. The new shared care agreements are available from your CCG.

The LMC has argued that this is a patient safety issue for the following reasons-

1) Not all practices are signed up to the Shared Care Community Service (SCCS). For the patients of these practices there will be no monitoring of these potentially very dangerous drugs when ULHT consultants stop the monitoring.
2) Practices which are signed up to the SCCS are able to agree shared care on an individual patient-by-patient basis. Some practices will agree to share care for certain drugs and not others, depending upon their clinical knowledge and experience. In other cases practices will not agree to share care because of patient complexity, making the monitoring unsafe for GP less experienced in monitoring these drugs. Thus, there will be patients who need ongoing specialist-led monitoring even within practices which are signed up to the SCCS.
3) Where shared care has been accepted by a practice, this was on the basis of knowing what the shared care agreement involved. If the shared care agreement changes, then the practice and individual doctors may not feel competent to continue monitoring care. Thus practices should be requested to agree sharing care under the new agreement, and be given adequate notice and time to make the decision whether to share care or not.

We would also argue that whilst specialists have, to this time, been monitoring patients, this must have some resource associated with it. If this work is now being divested to other providers, including general practice, the resource should follow.

We would advise practices to carefully read the new shared care agreements for these drugs, so that you can decide whether it would be safe for you to continue to monitor these patients without regular specialist input.

In the future, monitoring of shared care drugs could be carried out by federated groups of practices, who resource a rheumatology specialist nurse or GPwSI. However, until this happens, the responsibility for monitoring these patients will remain with practices and GPs who sign up to the new agreements.

Forthcoming Events

Lincolnshire LMC GP Conference

Thursday 11 June 2015

Lincolnshire LMC is hosting its first one day GP Conference on Thursday June 11th 2015 at the Belton Woods Hotel in Grantham, Lincs. We have compiled what I hope you will think is an exciting and interesting agenda with the added bonus of having **Dr Phil Hammond**, GP, comic, writer and broadcaster as Chair for the day. We have also managed to secure other high profile speakers such as Niall Dickson (GMC), Professor Alistair Burns (Dementia Tzar) and Consultant colleagues in the areas of Dermatology and Gynaecology.

I hope that you will be able to join us at the very reasonable cost of £75.00 per delegate, which will include coffee, lunch and afternoon tea throughout the course of the day.

The agenda & booking form are available to download from the LMC website. Please return all booking forms to the LMC office; debra.burley@lpt.nhs.uk whereupon you will receive confirmation of booking.

If you have any queries in respect of the event then please do not hesitate to contact the LMC office. A final agenda will be sent to booked delegates during late May 2015.

Lincolnshire Practice Managers Development Group

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 Change : Urban Hotel, Grantham

(Previously known as the Ramada)

Contact Us

01522 576659

infolinclmc@lpft.nhs.uk

www. lincslmc.co.uk