

*The newsletter for GP's, Practice Managers and Staff in Leicester, Leicestershire & Rutland*

## November 2017

<b>LMC meeting with HM Senior Coroner for Leicester City South and South Leicestershire</b>	<b>1</b>
<b>Travel vaccines update</b>	<b>2</b>
<b>Seasonal Flu Vaccine Offers 2018-19</b>	<b>2</b>
<b>Dr Anu Rao quoted in Pulse Magazine</b>	<b>2</b>
<b>Learning from Members – Safeguarding</b>	<b>3</b>
<b>Christmas and New Year opening 2017/18</b>	<b>3</b>
<b>Data Protection Regulations</b>	<b>4</b>
<b>Sickness cover for GP/Reimbursement costs for cover</b>	<b>4</b>
<b>Current vacancies</b>	<b>4</b>

### LMC meeting with HM Senior Coroner for Leicester City South and South Leicestershire



The LMC recently had a constructive meeting with Mrs. Mason, HM Senior Coroner for Leicester City and South Leicestershire, and her team. The purpose of the meeting was to clarify concerns surrounding the communication she sent, via the CCG, in August 2017 (attached).

Constituents should be reassured that little has changed from current practice. Since the passing of a new act in 2013, the Coroner is required to set a date for an inquest as soon as it is opened. In that respect GPs will be advised of an inquest date when a report is requested, this date could potentially be many months in the future. Once the Coroner has received all reports, she will either release the GP from appearing or produce a witness list where the GPs name will appear, and it is this list that should be regarded as a summons.

The witness list will usually be produced 6 weeks before the inquest and it is only on receipt of this list that should GPs make arrangement for backfill. There is no anticipation that GPs will be required to attend any more inquests than at present. The Coroner will positively consider requests to change the order of witnesses if that would minimize impact upon the Doctor's practice.

With regards to communication the Coroners officer confirmed that their office normally speaks to the practice manager on the telephone before a report is requested or a witness list produced to identify the best way to communicate documents e.g. by email to an NHS.net account, by post or by fax. Attached is an example of the request for report.

The LMC also raised some scenarios that have been raised by constituents. Mrs. Mason was clear that the 14-day rule is laid down in statute and not a local direction. The death should be reported to the Coroner (electronically) by the Doctor who attended the deceased during the last illness. If that Doctor has not seen the deceased within 14 days or after death, the death must be referred to the Coroner.

The Coroner may well then allow the Doctor to issue the MCCD and the Coroner will complete the necessary paperwork for the Registrar.

If no attending Doctor is available the death should be reported to the Coroner, and if the attending Doctor is away the Coroner's office will liaise with the family and provided the family are willing to wait, the certification can wait until that Doctor returns. If this is likely to be protracted or simply not possible then an open and shut inquest may be held but the reporting Doctor would have to provide a report using the PRISM process and the certificate issued by the coroner.

The Coroner has provided this link to guide Doctors with certification

[https://www.gro.gov.uk/Images/medcert\\_July\\_2010.pdf](https://www.gro.gov.uk/Images/medcert_July_2010.pdf)

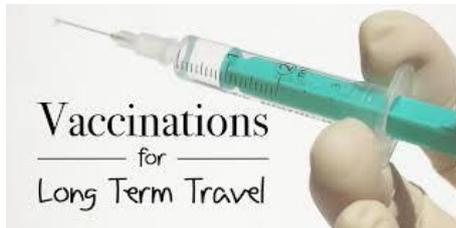
The Coroner has approved the above communication and has kindly agreed to meet the LMC every 4 months. Beforehand, the LMC will seek constituent views to

## The newsletter for GP's, Practice Managers and Staff in Leicester, Leicestershire & Rutland

determine what themes need to be discussed or clarified.

If there are any queries with regards to this communication, please contact the Coroner's office on: 0116 4541031.

### Travel vaccines update



Travel vaccines are part of additional services of the new GMS contract. When the new contract was introduced in 2004 a number of the individual items were automatically transferred into the global sum: private income for some travel vaccines.

The situation with regards to travel vaccines and what can and cannot be charged for has not altered from the old to the new GMS contract. Under the Red Book a limited number of travel vaccines were provided on the NHS. This was for public health reasons. The public health agenda has not altered with the new contract and therefore those travel vaccines that were provided by practices on the NHS before the 31st March shall continue to be provided by them from 1st April. The only exception shall be for those practices that opt-out of the additional vaccinations and immunisations service and they will have their global sum abated by 2%. **Practices opting out of the additional service will not be able to charge their registered patients for travel vaccines which are available on the NHS.**

If, therefore, you opt out of providing this service 2% will be deducted from your global sum.

Travel immunisations that must be given as part of NHS provision though GMS Additional Services.

The following immunisations for travel are part of Additional Services under GMS3 and PMS and no fee may be charged by the contractor to a patient registered for NHS services with that contractor:

- Hepatitis A [infectious hepatitis] - first and second/booster doses
- Combined hepatitis A and B - two doses with a third for over 16s
- Typhoid - first and second/booster doses
- Combined hepatitis A and typhoid - first and second/booster doses)
- Tetanus, diphtheria and polio as given in the c
- combined Td/IPV vaccine

### Seasonal Flu Vaccine Offers 2018-19



The [LMC Buying Group](#) LMC Buying Group has concluded negotiations with flu vaccine companies for the 2018/19 season and we can now announce that our preferred supplier for trivalent vaccines is Pfizer and our preferred supplier for quadrivalent vaccines is Mylan. Our other suppliers are Seqirus and MASTA.

To read the full details, [click here](#).

### Dr Anu Rao quoted in Pulse Magazine

Our very own Dr Anu Rao has been quoted in Pulse regarding the winter plans request for GPs to open bank holidays to relieve winter pressures.

Dr Anu Rao, medical officer at Leicester, Leicestershire and Rutland LMC, told Pulse this was 'too little too late', adding that she was told by NHS England and her CCG that 'there is no extra funding at all' for in-hours GP care.

## *The newsletter for GP's, Practice Managers and Staff in Leicester, Leicestershire & Rutland*

She said: 'I think this winter is going to be very hard on us so we're already anticipating extra appointments, but I still don't think we'll be able to cope.'

The full article is available here:

<http://www.pulsetoday.co.uk/home/finance-and-practice-life-news/winter-plans-request-gps-open-on-bank-holidays-to-relieve-hospital-pressure/20035557.article>

### **Learning from Members – Safeguarding**



#### **Background:**

#### **Learning from Members – Safeguarding**

A GP was called to a Performance Advisory Group (PAG) meeting which is Chaired by NHS England, due to the GP not referring patient to OOH social services. The GP had signed an authorisation form for the LMC to represent the GP at the PAG meeting.

The GP knew the patient well and sent patient to ED, this was raised as a SEA and complaint upheld. Practitioner was brought to PAG and LMC supported GP through the process. At the PAG meeting, the practitioner showed significant insight and reflection and developed protocols to be used in practice. This was considered in PAG and case was dismissed with the adequate learning demonstrated by clinician and was agreed to refer to appraisal. The GP felt that everyone would benefit from a more timely response from Social Services and they provided no feedback from them regarding Section 73 to close the loop.

#### **Learning:**

- Has since undertaken Level 3 Safeguarding refresher training
- Try alternative contacts to access Social Services once professional lines closes, leading to alternative referral via A&E and will use Immediate concerns (1st response) routinely
- Practice falls within both City and County Social Services, so will refer to both via online 'PRISM' e-referral form
- Held a MDT update safeguarding meeting for all practice staff including a review of the practices processes and procedures
- Amended the clinical safeguarding register and discussed at regular clinical meetings
- Implemented a safeguarding template for both adult and children
- Practice has implemented an alert box for practice staff to raise awareness
- If an immediate risk to a vulnerable patient, practice will call the police

Consent has been given by the GP to share this information, if you have any learning that you think will be will useful to share with your General Practice colleagues, we would like to hear from you.

### **Christmas and New Year opening 2017/18**

The following information is for practices who normally close on a Thursday afternoon. This year the Thursdays before Christmas and New Year are 21st and 28th December respectively.

For practices who close on a Thursday afternoon with skeletal staff: "As long as practices meet the reasonable needs of their patients they are not in breach of contract in accordance to GMS regulations."

Dr Rao and Dr Rizvi have also spoken with the CCG who agree with this approach, however, they would encourage practices to try and have some form of

## *The newsletter for GP's, Practice Managers and Staff in Leicester, Leicestershire & Rutland*

skeletal service on these days to make sure patient access is not compromised.

If you have any further queries, please contact: [enquiries@llrlmc.co.uk](mailto:enquiries@llrlmc.co.uk)

### **Data Protection Regulations**

The LMC has been contacted by practices regarding the upcoming changes to EU Data Protection regulations. We have discussed this with LMC Law who are assessing the effects on GPs and guidance will be produced in due course.

If you have any concerns in the meantime, please don't hesitate to contact the LMC office.

### **Sickness cover for GP/Reimbursement costs for cover**

Information relating to practices claiming reimbursement costs for GPs when off sick.

#### **Sickness cover reimbursement for GPs**

We have also negotiated important beneficial changes to **sickness cover reimbursement**. Practices are currently at considerable financial risk of paying for sickness absence of GPs, due to discretionary reimbursement, outdated list-size criteria and the need for cover to be provided by an external locum.

We have secured that sickness cover reimbursement will no longer be a discretionary payment, but a practice entitlement. The qualifying criteria based on list size, which often prevents a practice from being able to claim a payment to cover locum costs, has been removed. Payments will be made after 2 weeks of a GP being absent from the practice due to sick leave. As part of our agreement, existing GPs within the practice can now be used to cover sickness, mirroring existing maternity cover arrangements. **The amount payable for sickness cover has also been uplifted to £1734.18 per week in**

**line with current maternity cover arrangements.** There will be no medical exclusion criteria for this sickness reimbursement, which we believe will be a very significant benefit to GPs with long-term conditions who currently find sickness cover difficult or expensive to source. It should also reduce practice locum insurance cover expenses, and enable practices to offer better sickness absence terms for salaried GPs.

#### **Maternity cover reimbursement**

We have secured agreement that maternity payments will **not be subject to a pro-rata application** and that in order to secure the payment practices will need only to submit an invoice and either the full amount or maximum payable will be paid.

A useful FAQ's can be viewed [here](#)

### **Current Vacancies**



[Advanced Nurse Practitioner](#) Uppingham Surgery, Rutland. Closing date 10/12/2017.

[General Practitioner](#) Uppingham Surgery, Rutland. Closing date 10/12/2017.

[GP Salaried/Partner](#) Alvaston Medical Centre, Derby

[Salaried GP/GP Partner](#) Melbourne and Chellaston Medical Centre, Derbyshire

Click on the links for further information.