LOCAL LEICESTERSHIRE MEDICAL LEICESTER COMMITTEE RUTLAND

NEWS FROM YOUR LOCAL MEDICAL COMMITTEE

Welcome to our June 2018 Newsletter

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REGIONAL

A. UPDATE ON GDPR

We hope by now GDPR is starting to settle down. We hope you have seen the information pack the LMC has produced. The information pack is still being updated with information and can be viewed here.

The LMC is working with the Federations to look at delivering DPO training for the nominated DPO within the practice. This may either be through the Federation or somebody within the practice. More information will follow in due course.

The LMC is receiving several queries relating to the SAR and clarity on the matter. The BMA has issued the following update on the matter.

GDPR changes to SARs The General Data Protection Regulations are now in place, with the Data Protection Act 2018 having replaced the Data Protection Act 1998. We are already seeing examples of solicitors trying to access information from practices under these regulations. In most cases, patients must be given access to their medical records free of charge, including when a patient authorises access by a third party such as a solicitor. A 'reasonable fee' can be charged if the request is manifestly unfounded or excessive. However, these circumstances are likely to be rare. If the request is for a medical report (rather than a SAR) then this falls under the Access to Medical Reports Act (AMRA) and should be handled in the usual way. The GDPR does not change the AMRA.

B. GP SAFE WORKLOAD

The LMC has received the following information by the GPC relating to safe workload limits for GPs. At the moment, the GPC are negotiating what is defined as safe

working and hope to have a clearer understanding within the next couple of months.

It is now unanimously accepted that general practice is in crisis, with an exponential increase in workload at a time of marked underinvestment and a shortage of GPs. Demand will continue to grow due to a variety of reasons such as, an aging population and it becomes imperative that GPs are able to protect themselves and their patients from unsafe workload.

In February 2016, the BMA's GPC (General Practitioners Committee) first discussed a "Campaign for Safe Working in General Practice" Its report "Responsive, safe and sustainable: our urgent prescription for general practice" published in April 2016 was an attempt by the profession's representatives to quantify the needs of the service both operationally and strategically.

April 2016 saw the invent of, NHS England's GP Forward View and the King's Fund has published "Understanding pressures in General Practice" May 2016. Both papers clearly identify workload as one of the major causes of the current crisis within general practice, and both either ask for or try to address the issue.

GPC's draft paper follows on from this work and uses the available evidence to present one method for quantifying safe working levels for general practice, which could be altered and modified to suit local conditions.

How to define working limits for general practice?

Discussions with stakeholders about actually setting limits to working days reveal a paucity of hard evidence, and a hesitation particularly among GPs to tackle this problem. This reluctance comes from a fear of management control and a long-standing view that professionalism will be undermined by any central limitation of workload, even if this originates from the profession itself. These are genuinely held views and any attempt to alter GPs' working lives needs to take them into account (draft GPC document)

The RCGP (Royal College of General Practitioners) document "Patient safety implications of general practice workload" (July 2015) correctly identified the problem but stated that "there is no concept of 'full' in the general practice setting".

The current recruitment and retention issues provide the opportune time for the profession to re-visit this accepted truth and apply a pragmatic solution which could allow a safer and more patient sensitive approach to the management of workload

How to Quantify safe working limits?

A Pulse analysis of the latest Health and Social Care Information Centre figures on population sizes has revealed that the average list in England size grew by 2.8%, the equivalent of 197 patients, from April 2014 to April 2015, because of an increase in total patients and a fall in the number of practices.

Practices in some areas have had to cope with rapid rises – in the NHS Rushcliffe CCG area, in Nottingham, average lists increased by 2,098 – or 25.6%. The overall population in England has risen by 1% but the number of older patients rose by almost double that.

There is an acknowledgement about the increasing complexity of clinical presentations seen in modern day general practice. The expectation for general practice to provide care closer to patient's home and the local STP primary care 'home first model' makes it a compelling case for looking at safe working levels for general practice.

This first requires quantifying what safe working levels look like. It is important to keep in mind that every practices' circumstances vary. However, the thought process outlined below should provide a useful guide to safe working, based on known accepted parameters:

1. **Minimum appointments required per week = 72/1000 patients (NHSE via McKinsey, but widely accepted)**
2. **Average list size per GP = 1600 approx. (2014 NHS/HSCIC figures)**
3. **Therefore, required appointments per GP per week = 115**
4. **115 appointments at 15 minutes each = 28.75 hours (previous NHS recommendation was 26 hours "contact time" per week)**
5. **115 appointments over 9 sessions is 13 face to face per session**
6. **13 appointments at 15 minutes each gives a clinic session of 3.2 hours. (BMA contract suggests 9 sessions of 3.5 hours)**

The immediate introduction of 15-minute appointments allows improved decision making and case management and should reduce the administrative burden outside clinic times by facilitating more activity within the appointment. Clearly clinics, patients and doctors vary in their needs and expectations, and the use of telephone triage further adds to potential variables, but this proposal does fit with minimum expectations of the system, and therefore comes closer to defining what is actually expected from the contract with the NHS

There is an argument that 115 appointments per week should be considered to be the quantified commissioned activity of an NHS GP. This figure also brings the daily face to face total down to below 25, which has been proposed as a sustainable level of activity when looking at European comparators (BJGP Jan 2016).

The above calculation needs to be triangulated with local analysis of supply and demand of services. Commissioners would require data on current GP workforce, coupled with appointments required to be provide safe high quality general practice and take into account the local demand of services by patients presenting to ED.

C. PCSE (CAPITA) ISSUES

As many of us are aware of the errors and frustrations relating to PCSE (Capita) issues, the BMA has published the following communications within the weekly update '**PCSE (Capita) failures – pledge your support',** asking for all GPs and general practice staff members who have been negatively impacted by one or more of the PCSE service failures to sign a pledge.

Please encourage everyone impacted by this major failure to help us further demonstrate how far reaching the poor delivery of PCSE is on GPs and practice staff and show the Government the number of individuals demanding for the service level to be improved. Pledge your support here.

D. UPDATE ON NHSPS/CHP PROPERTY SERVICES AND SERVICE CHARGES

The LMC are aware of this issue relating to issues with service charges and it is the forefront of our focus.

There has now been a National Workforce group put in place to come to a solution on the matter and the LMC will update members accordingly.

E. SHARED CARE AGREEMENTS

We would like to thank everyone that has submitted their comments relating to the Shared Care Agreements. We can confirm that our board member, Dr Sumit Virmani is leading on this area of work for the LMC and attends the LMSG working group.

He will raise all the points identified by practices to the working group and we hope to update you shortly.

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F. LMC BUYING GROUP UPDATE

LMC buying group have provided an update on their recent work in line with the recent GDPR updates. They have removed any "personal data" (i.e. main contacts name/email addresses) from their database/website unless that person has competed a new consent from. For unregistered practices this means:

- They won't have full access to the website which means they can't view pricing or request quotes/order
- They also can't access the new vacancy advertising service or the content/offers in the 'Community' section which will be launched over the summer
- They also won't receive any updates from us and this does include the annual flu vaccine offers in the autumn

Practices can re-register their details with the Buying Group at any time but visiting this link

G. EAST MIDLANDS LEARNING ACADEMY

LLR LMC has a group arrangement with the East Midlands Leadership Academy for 50 memberships. This means GPs and Practice Managers can book onto any of the courses/programmes in their directory (subject to availability of places- booking are taken on a first come first served basis):

Programme Directory

When booking onto a course please name as LLR LMC as your sponsor, and the costs of the programme will be covered by the LMC membership. Please note courses offered by the NHS Leadership Academy are NOT included in this offer. LLR LMC can act as your sponsor for the national NHS Leadership Academy courses, but the fees for these would have to be self-funded for GPs.

A summary of courses you may find of interest, can be found here

H. GENDER INCONGRUENCE IN PRIMARY CARE

After recent concerns expressed by GPs regarding clinical requests being sent to them for patients going through the gender reassignment process, the BMA have released guidance for GPs that may be concerned on their role as a prescriber in this instance. To view this guidance please click here.

I. LEARNING AND SHARING FROM NHS ENGLAND COMPLAINTS TEAM

Following the recent complaints workshop, Cathie Cunnington (NHSE Complaints Manager) has kindly provided key learning from recent complaints, which we feel would be beneficial for the wider GP community to review.

- Clinical Staff to ensure that all records of consultations are added to patient notes contemporaneously and to ensure that these include negative as well as positive finds.
- Clear and appropriate safety netting advice is explained to patients and documented in patient records.
- Early GP involvement if ANP's are in any doubt with regards to clinical management.
- Offer of a Chaperone at earliest convenience and, if deemed necessary, to lock the consulting room door, clearly explaining the reason for this to the patients.
- Patient attending with what appears to be persistent conjunctivitis/problems with eyes. Consider referring patient to eye casualty even if previously discharged. Significantly, in this case, patient's father had noticed a bright light in the corner of patient's eye which can be a sign of retinoblastoma.

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J. UPCOMING LMC EVENTS

- **LLR LMC/CQC EVENT**

As you maybe aware, the LMC/CQC event scheduled for Wednesday 20th June 2018, so we are pleased to confirm we will be re-running this event on Wednesday 26th September.

If you wish to reserve a place, please email enquiries@llrlmc.co.uk

- **LLR LMC PENSIONS AND FINANCIAL PLANNING EVENT**

We are pleased to confirm that we will be running a Pensions and Financial planning event, on Thursday 28th June 2018. The event will be facilitated by Paul Gordon from MacArthur Gordon Limited and will be Chaired by Dr Rajiv Wadhwa (LMC, Board member).

The event will cover:

- NHS Choice Exercise
- Pension changes (choice exercise)
- Life time & Annual Allowance
- 24-hour retirement along with practice management planning around the exit and return.
- Practice Planning
- Practice Income
- Practice Income Post Retirement

Places are limited so if you wish to attend please your space by emailing enquiries@llrlmc.co.uk

FURTHER DATES FOR THE DIARY

- **Wednesday 4th July 2018:** Lunchtime talk from Michael Devlin (MDU) on Multiple jeopardy in medical practice. A review of the medico-legal jeopardies doctors face in their clinical practice, including gross negligence manslaughter. Some guidance on reducing the risk of facing such outcomes.
- **Thursday 12th July 2018:** Lunchtime Medical and Health Coaching workshop with Dr Zahida Adam and Lesley Thompson.
  Do you have patients coming back time after time, and not making any progress?
  Do you sometimes find a patient leaves and you feel disappointed that you haven't made an impact?
  Are your consultations running over time?
  If any of these resonate with you and you're open to learning a different approach to add to your skills, then this is the event for you.
- **[Repeated Event] Wednesday 21st November:** Complaints workshop in conjunction with NHSE

K. JOB VACANCIES

To view current vacancies, click the 'vacancies' page on our website.

Advertising any vacancies your practice may have is free through the LMC. Just send the details of the vacancy to enquiries@llrlmc.co.uk

SHARED LEARNING AND KEY ISSUES RAISED WTH THE LMC THIS MONTH:

The LMC would like to share with our members some of the queries that have been asked of the LMC over the last month, to share learning and information.

- **Blue Badge Scheme**:

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GPs receiving Blue Badge forms to sign for patients and whether it was a requirement for GPs to complete these forms?

The LMC response: In 2011, the government announced a programme of reforms to the Blue Badge scheme. The reforms meant the transfer of the assessments for blue badge eligibility from GPs to independent mobility assessors, and the budget holding for these assessments went to local authorities. The PCT used to fund the GP reports. The funding for this has passed to Local Authorities.

It is the Department for Transport's view that the interruption of the regulations precludes the useful of the applicants GP and anyone else who has been involved in the applicant's ongoing care and treatment in determining the applicant's eligibility. It does not, however, prevent a local authority from making use of information from the GP or other medical professionals as evidence to support the eligibility decision making process. Providing actual information for a local authority is a collaborative function and a fee may be charged by the practice, payable by the local authority.

- **GP role with the PIP process (DWP)**

Practices do not need to accept patients requests to provide letters in support of their PIP application. If the patient has not been awarded their PIP, they will be offered to go through an appeal process, and at which the DWP will be contact the GP to comment, which this will something the GP will need to respond, but GPs are only required to be factual.

This is also being raised by the GPC to discuss this exact issue with DWP and the LMC will keep you with any updates.

- **Patients requesting taxi driver medicals:**

Concerns regarding the wording/responsibility of signing Taxi driver medical forms for patients and if this is a contractual agreement for GPs to sign these forms?

The LMC response: GPs are not obliged to complete taxi driver medicals, as this is not part of the GMS core contract. There is no contractual agreement for GPs to complete, so can decline these forms or request a fee for completion. Alternatively, it can be suggested that the patient can go to a private GP or go to Occupational Health to have these forms completed.

- **Do Not Attempt Resuscitation (DNAR) Forms:**

On the 29th May 2018, the Leicestershire LMC met with regional LMC colleagues and Dr. Bob Winter (EMAS, Medical Director) to discuss concerns raised relating to General Practice and EMAS. One of the concerns raised by one of our members prior to the meeting was that the EMAS crew would not accept a DNAR form as it was presented in a black and white format as opposed to a red outline format.

The LMC is pleased to share that Dr. Bob Winter has confirmed that there is NO requirement for Red DNAR forms and, a copy of a DNAR form is also acceptable. As well as this he has provided the LMC with the "Capacity to Consent Policy" to share with our members. To view this, please click here.

- **Obstetric Care**

Concerns over GPs prescribing certain medication for patient's homebirths without information from midwives.

The LMC response: We are not aware of any local policies and believe this should not fall under General Practice remit. We advise that GPs should obtain details of any SLA and share this with CCG and LMC.

NATIONAL

This month's national key themes cover the following:

- Appraisal Preparation
- BMA Sessional GP Pensions Guidance

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- Non-Prescription Medication for Care Homes
- Diamorphine Supply Issue
- Imms and Vaccs 2018/19 GMS Guidance
- Low Value Medicine GPC Guidance
- Update from the BMA

The full information on all the above items can be found on the LMC website. To view this, please click here.

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