Monthly newsletter

February 2019 – Issue 207

The 2019 Contract deal – light at the end of the tunnel?

By Dr Bruce Hughes,
Chair at Devon Local Medical Committee

The long awaited new GP Contract deal has now been published. This genuinely feels like something to be positive about. The key points include that it is a five year deal with significant investment guaranteed for general practice and primary care. The deal links in with announcements in the NHS Long Term Plan and the NHS England Partnership Review performed by Dr Nigel Watson of Wessex LMCs.

Primary Care Networks (PCNs) feature prominently in the contract deal. Units of 30 to 50 thousand patients seem to be the initial preferred size. PCNs will attract a Network Directed Enhanced Service and the ability to employ a social prescriber with 100% reimbursement and a pharmacist with 70% reimbursement. In future years, community paramedics, physiotherapists and physician's assistants may also be employed with 70% reimbursement.

Devon LMC recently surveyed practices regarding PCNs and about one in four practices who responded felt that they were not in a network or that their network was dysfunctional. We intend to follow up with these practices, as significant investment in the future for general practice is likely to be dependent upon being in a network.

The LMC will also host a Clinical Directors' Workshop soon to discuss the early milestones required of the PCNs, identify any concerns and start engagement at the pan network level. The event will take place on 21 May at Fingle Glen, Tedburn St Mary, from 6:30-9pm. Email your expressions of interest to attend to: admin@devonlmc.org The event is deliberately planned to take place shortly after the final PCN registration date of 15 May.

The other major thread in the deal is indemnity. From 1 of April 2019 all GPs and clinical staff working in general practice will be covered by an NHS indemnity scheme. Funding for this will come from GMS sources, but despite this GPs will receive an overall uplift as well as no longer funding ever increasing indemnity fees. Clearly, this is a major boon. We would encourage all GPs to maintain an indemnity policy, this would cover any private work, good samaritan acts, Coroner's Court appearances and any representation necessary for a GMC investigation. The fees for this abridged indemnity cover have yet to be set, but early indications are that they will be approximately 10% of the previous 'full' cover fees.

We are hosting a General Practitioners' Committee (GPC) contract roadshow on Thursday, 7 March at Exeter Racecourse with guest speaker Dr Mark Sanford-Wood and would encourage your attendance. The agenda is available here. Email richard.turner@devonlmc.org by Monday, 25 February, if you plan to attend. Places are filling up fast and are available on a first come first serve basis. Full details of the contract deal can be found here.

Collaborative fees and safeguarding reports

By Dr Mark Sanford-Wood,
Medical Secretary at Devon Local Medical Committee

Payments for safeguarding reports continue to cause problems for some practices.

In safeguarding cases the local authority, which has responsibility for children, will request a report from the GP or may ask for their presence at a child safeguarding meeting. Both professional standards and the Children's Act require the GP to respond and engage. However, this work sits outside of the GMS contract and is chargeable. Ordinarily, the charge would be raised against the organisation requesting the service, which would be the local authority, but for many decades the NHS Act has directed a scheme known as collaborative payments where the NHS pays for reports requested by local government.

There was some debate in 2012 as to where this funding had ended up, but it was finally agreed that NHS England would honour these payments. With the advent of delegated commissioning it is likely that this responsibility will delegate to the clinical commissioning group (CCG). Historically, there was an agreement that a report would attract a fee of £45 and attendance at a meeting £90. However, this guideline was produced in 2006 and is hopelessly out of date. It is not possible to update the guidelines as to set a fixed price would be in contravention of the Competition Act. It is therefore accepted that a practice should submit to NHS England (presumably soon the CCG) its reasonable invoice for any work carried out on behalf of the local authority in discharge of its statutory duties.

Any problems in the processing of these invoices should be reported back to the LMC.

Reason for referral

By Dr Mark Sanford-Wood,
Medical Secretary at Devon Local Medical Committee

Referral for specialist advice and care is one of the most important functions of the GP. With restricted availability of secondary care comes the responsibility to use that limited resource prudently and effectively for the benefit of all patients. Devon Referral Support Services (DRSS) provides help in streamlining this process and support to ensure that each referral arrives at the most appropriate destination as quickly as possible, as defined by agreed referral pathways.

In order to do this effectively the referral process agreed between DRSS and Devon LMC requires the GP to provide a reason for referral. Including this simple piece of information is vital in allowing DRSS to forward the referral to the appropriate recipient and to make sure the patient is seen or managed on the most appropriate timescale for their referred condition.

It can also help focus the mind of the referrer regarding what they actually want secondary care to provide. Even the best written referral letters can, at times, omit this most basic element, leaving secondary care at least partially in the dark as to what they are being asked to do.

DRSS and Devon LMC would like to raise awareness of the huge importance of completing this field in the referral template. In most circumstances the reason for referral is simple and can be stated in a few words. It is of vital importance to DRSS staff in trying to process the referral efficiently, and ultimately the proper completion of the reason for referral is an element of the referral LES for which practices are funded. We would therefore ask all GPs to focus on stating a clear reason for referral, and ensure this advice is also conveyed to medical secretaries within the practice in order to improve the quality of our submissions to DRSS.

Hydroxychloroquine update

By Dr Rachel Ali,
Medical Secretary at Devon Local Medical Committee

You are probably aware that the new guidance about ophthalmic monitoring of patients taking hydroxychloroquine has caused concern for GPs and opticians alike.

We have received the following update from the CCG about progress on this issue. Further updates will follow when a solution is found – it remains on the LMC's radar. If you are having any particular issues please let us know, either by emailing the office or by completing a yellow card.

"Earlier in the year the Royal College of Ophthalmologists issued new guidelines on monitoring patients for ophthalmic side effects to hydroxychloroquine. This recommendation is a significant departure from previous guidance, and as is the case with most parts of the country, requires planning of services to accommodate into routine practice. Currently the testing regimen recommended by the guidelines is not offered for patients on hydroxychloroquine in any of the Devon hospitals. Whilst discussions are ongoing about establishing new local guidelines for monitoring patients, local ophthalmologists recommend that any patient with visual disturbance taking hydroxychloroquine should be referred to the eye clinic for review. Patients should continue to be advised to have regular eye examinations for changes in refraction requirements commissioned through routine NHS England optometry contracts. Visual disturbance detected at such visits should also result in referral to the eye clinic.

We are currently working with the ophthalmology departments to identify what would be needed to put in place, and we may need to investigate if there are other ways of achieving this, for example, by separately contracting with a supplier to provide the monitoring."

Back to school

By Dr Paul Hynam,
Medical Secretary at Devon Local Medical Committee

Unfortunately, many of us have been recently bombarded with requests to provide school 'sick notes' for children. This is often combined with a request to provide a prescription for an 'over the counter' (OTC) medicine such as Paracetamol purely to satisfy the requirements of the school.

British Medical Association (BMA) guidance is very clear on both these topics.

In their article Prescribing non-prescription (over the counter) medication in nurseries and schools it is clear that: 'It is appropriate for OTC medicines to be administered by a member of staff in the nursery or school, or self-administered by the pupil during school hours, following written permission by the parents, as they consider necessary. It is a misuse of GP time to take up an appointment just to acquire a prescription for a medicine wholly to satisfy the needs of a nursery/school'.

In their publication Supporting pupils with medical conditions at school the BMA comment that 'it should be noted that GPs do not provide sick notes for schoolchildren'. This includes requests for children who may have missed exams due to illness.

Hopefully this clarifies the matter. However, if requests like this persist, contact the LMC for more support.

Abnormal drug seeking behaviour

By Dr Bruce Hughes,
Chair at Devon Local Medical Committee

When a patient registers fully or as a Temporary Resident their details should be checked against the Special Allocation Scheme (formerly violent patient) list circulated by NHS England. If they are on the list their registration should be refused.

When a patient registers fully or as a Temporary Resident their details should be checked against the NHS England Patient Alert Scheme (these patients may have abnormal drug seeking behaviour). If they are on the list an appropriate flag is added to the patient record. Any medication request will then be dealt with in the full knowledge of the drug seeking behaviour involved.

If a patient registers as a Temporary Resident and requests a prescription for controlled drugs/drugs of diversion. The details are checked with their registered GP practice where possible (and the Summary Care Record out of hours) and the minimum amount of medication is prescribed to allow only enough to last until they may obtain further prescriptions from their own GP.

In the rare event that the patient requests an emergency supply of medication and does not fully or temporarily register the above checks should still apply.

The LMC is able to source some protocols and procedures from practices who have robust systems which we can share upon request.

Data Protection latest

By Bex Lovewell, Data Protection Officer at Sentinel

I am now in the seventh month of my role as a Data Protection Officer for the majority of the GP practices in Devon and I am thoroughly enjoying it.

During this time, I have met with most practices to assess where they are in regards to their compliance with General Data Protection Regulations (GDPR) and the Data Protection Act (DPA) 2018 in which I have shared documents or assisted them on what to do next to ensure their continued compliance.

I have follow-up meetings planned and have been answering a variety of data protection queries via email and phone. I am also speaking to other Data Protection Officers who work with the practices to ensure that patient identifiable information is being shared in the correct way and, if not, what can be put in place to ensure that it is.

I am attending the GP Practice Data Steering Group to advise on potential data sharing agreements and projects for practices so that when this is sent to the practices, they are aware of whether I think the proposals are GDPR and DPA 2018 compliant. I am also raising data protection concerns on behalf of the practices with the LMC and working with them on any concerns that we share.

In regards to my further training, I have undergone a GDPR training course with Act Now and will also be attending a further seminar in February. Any updates that I have from the seminar will be shared with my practices.

In the meantime, if you have any queries, email me at bex.lovewell@nhs.net or call 07375 322875.

Workforce developments

By Dr Liz Thomas, Deputy Medical Director at NHS England South West

It's not often in my job when I spot a bit of good news which makes me sit up and take notice – however this is exactly what happened recently. The Royal College of General Practitioners (RCGP) published an article which showed that while general practice continues to faces extremely high pressure, there are areas in the country that have seen increases in GP (FTE) numbers.

The top three clinical commissioning groups (CCGs) according to the article which have had the biggest increases in GP (full-time equivalent) FTE were:

- NHS Liverpool CCG (87)
- NHS Northern, Eastern and Western Devon CCG (67)
- NHS Kernow CCG (54)

I double checked the figures with one of my contacts in the national team who established that this was confirmed by NHS digital as (whole-time equivalent) WTE.

I am sure this will come as a surprise to many who are still struggling to recruit and cope with large list sizes, but alongside the news that Health Education England (HEE) have successfully recruited an increased number of GP Registrars this year, perhaps we have reason to be cautiously optimistic.

There are many national schemes now to support retention and recruitment as well as some local initiatives and I hope these are having an impact. Please be assured we are working really hard on marketing the South west as a place to work, as well as supporting the schemes and GPS as they present.

Thank you for all your efforts in keeping primary care working during what has been an incredibly difficult few years and I hope that we can keep building to a more sustainable future.

News from Devon LMC

LMC office closed on 8 March

The LMC office will be closed on Friday, 8 March, as staff will be offsite on a development day. If you have an urgent issue, please ring the office on 01392 834020 and leave your number, which will be routed to the appropriate person for immediate action – this includes those seeking pastoral support.

Produced by Devon Local Medical Committee, Deer Park Business Centre, Haldon Hill, Kennford, Exeter, EX6 7XX. Copy submissions for March's newsletter should be emailed to richard.turner@devonlmc.org by noon on Wednesday, 27 February, please.