



Weekly operational update for local general practice

Wednesday, 14 August

Welcome to Insight, Devon Local Medical Committee's weekly operational update for GPs and Practice Managers.

Continuing Healthcare (CHC) health reports

Devon LMC has received several queries about the limits of the responsibility of a practice in providing clinical reports for the purposes of making funding decisions on the costs of ongoing care.

The issue stems from the rules that state that care funding provided by social services is means tested (and therefore can be funded, at least in part, by the patient), while care funding for medical conditions is provided free of charge by the NHS under the Continuing Healthcare (CHC) framework.

An assessment is therefore required to determine if the required care should be funded by the NHS and how the care should be best provided.

The requirement for GPs to provide such reports is neither contractual nor statutory and there is no imperative to provide a report. That is not to say that GPs have no responsibility to play their part in helping the system to allocate scarce resources fairly and Devon LMC have advised for some time that practices should respond to such requests by either providing a summary (either electronically or via printout) or inviting the CHC to send a clinician (usually a nurse) to peruse the patient record to generate the report themselves. This is GDPR compliant, places minimal burdens on the practice and crucially removes the doctor from the decision-making process and the possibility of damaging the doctor-patient relationship.

Devon Clinical Commissioning Group (CCG) have confirmed that this is their preferred solution and that they should not be asking GPs to provide reports.

Some practices have recently perceived significant pressure for them to compile the reports themselves and we would strongly recommend that this pressure is resisted. The standard model for responding to these requests, however forceful they may be, is to decline to provide a report but to make the record available within the practice to a suitably qualified clinician to complete the task themselves. The CCG have asked that such examples of pressure are highlighted to them for further action.

Progress with local Coroners to address issues

As many of you are aware, our local Coroners have recently moved to an e-referral system for reporting deaths. There have been concerns raised about the way this works and the impact on practices. Having now met with Mr Spinney, Exeter's coroner, the LMC can assure you that he and his colleagues are keen to work with us to improve the system and make it work smoothly for GPs, the Coroners' offices, and families of affected patients. It may be useful to know that for queries, rather than reporting a death, the telephone lines remain open and if anything they should be much more available now that we are all using them less frequently. Also, the Coroners' offices are happy to accept e-referrals from practice admin email accounts rather than GPs' personal accounts. The LMC is working with Devon Referral Support Services (DRSS) to integrate the reporting form with our systems and with the Coroners to improve the accompanying guidance. The LMC expects this to be sent out to practices in the next four weeks. If you have any ongoing concerns with this, please let the LMC office know.

Safeguarding reports and the CNSGP

Following further discussions on some of the finer definitions of the scope of the clinical negligence scheme for general practice (CNSGP), the British Medical Association (BMA) is pleased to announce that it has been agreed with the Department of Health and Social Care (DHSC) and NHS Resolution (NHSR) that the compiling of safeguarding reports for NHS patients will now be included within scope.



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It was initially thought that as these reports can be chargeable under collaborative fees arrangements they should be deemed to be private work and therefore out of scope. However, lobbying from the BMA extended an alternative view of these statutory reports as being reimbursed by the system rather than a private service to patients. This perspective has been accepted by DHSC and NHR and therefore actions originating from the completion of safeguarding reports after 1 April 2019 will be covered by CNSGP.

Access to patient records

New regulations will be laid before Parliament imminently and will come into force on 1 October – in line with the 2019/20 GP Contract agreement – for full online access to be offered and promoted to all **newly registered** patients, subject to the usual safeguards in patients' best interests, harm to their or other person's physical or mental health, third party info, and IT system capability.

New CQC myth-buster: NHS services delivering online primary care

GP practices are increasingly providing online services as patients demand faster and more convenient access. The Care Quality Commission's (CQC) latest [myth-buster](#) looks at what you should consider if you use digital technology to help deliver care.

Updated CQC advice about managing test results and clinical correspondence

The CQC has updated its myth-buster and advice about managing test results and clinical correspondence. Read more [here](#).

Practice Manager Job Satisfaction Survey results 2019

More than half (57.6%) of practice managers are satisfied with their work-life balance, according to a new national survey.

Additionally, 40.2% indicated that they get adequate support from the practice partners, while 47.7% feel regularly under stress in their current role. Read more [here](#).

Urgent – Optimising Referrals LES 18/19 (component 2) data

A reminder that the LMC has been informed by Devon Referral Support Service (DRSS) that 39 practices across Devon have not returned their Optimising Referrals LES 18/19 (component 2) reports. Without this report the practice will not be paid for this LES. The deadline for return has already passed, but DRSS have extended the deadline to the end of August. There will not be a further extension. The LMC urges all practices to ensure they have emailed their reports to plannedcare.control@nhs.net. Failure to do so will result in loss of LES income.

Indemnity and travel vaccinations

A reminder that the DHSC has announced that from the end of July **chargeable** travel vaccinations will not be covered by the CNSGP. This is a small but significant change and practices must check their indemnity and ensure they have sufficient cover for this activity if they choose to continue to provide this for patients. Read more [here](#).

IT upgrade

Please be aware that there will be some disruption to the LMC's website over the next month as we build a new one and transfer our ops to a cloud-based system.