



Weekly operational update for local general practice

Thursday, 30 January, 2020

Welcome to Insight, Devon Local Medical Committee's operational update for GPs and practice managers.

Update from HM Coroner

By Ian Arrow, Senior HM Coroner for Plymouth, Torbay and South Devon and Mr Philip Spinney, Senior HM Coroner for Exeter and Greater Devon

We are committed to improving the Coroner's Service whilst ensuring that we are working in accordance with the Chief Coroner's Guidance. To that end, we introduced electronic reporting back in April 2019.

The electronic report is to be accompanied by a patient profile (as noted at the bottom of page 2). The profile should include any significant historical and ongoing medical conditions, medication and recent contact (usually in the region of the last six months).

Please be aware that a patient profile may also be requested for any reported deaths that require a post mortem. The pathologists conducting the examination must have the profile to ensure that they are aware of the medical history, medication and more importantly any issues which could indicate that the examination is 'high risk'.

Coroners Officers will make the request for a profile (if one has not already been provided) over the phone when a matter is referred for post mortem. There have been some issues in obtaining the profiles in a timely fashion, causing a delay in the examinations being conducted. Some practices are asking for the request to be made in writing.

Please make all practice staff aware that this will be a standard requirement on behalf of HM Coroner that needs to be actioned as a matter of urgency. Profiles are to be sent to the secure generic email accounts at: PlymouthCoronersOfficers@devonandcornwall.pnn.police.uk – Plymouth, Torbay and South Devon

Or

ExeterCoronersOfficers@devonandcornwall.pnn.police.uk – Exeter and Greater Devon

On another matter, there have been several enquires in relation to the new National Reporting Criteria and we refer you to [Guidance for Medical Practitioners on the Notification of Death Regulations 2019](#).

Full access to GP records – April 2020

The LMC is aware that practices have grave concerns about the new GP contract dictating that they will need to provide patients with full access to their medical records from April 2020. National guidance is awaited – in the meantime the default position should be that if you have any reason to believe, or have concerns about what the records hold and do not have the ability to redact the information easily, to decline access to the full record at this time.

Funding available for practices

Funding remains available for practices to obtain patient consent for summary care record additional information (SCR AI).

Practices will be paid £0.50 per additional patient consent recorded.

Since the Devon-wide initiative launched in [October 2019](#), GP practices have recorded an additional 20,000 consents. Devon hopes to build on this fantastic achievement to benefit more patients and health and care staff.

Top tips:

- Download a range of [resources](#) to use with your patients
- Include the request for patient consent for SCR AI in the new patient registration process
- Text or email patients and request consent



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- Ask patients who would benefit most (eg those who are frequent users of urgent and emergency services and/or with complex or long-term conditions) at reception or in a nurse's appointment (via system pop-ups)
- Retweet NHS Devon's SCR AI [messages](#)

For any queries or further information, please contact geoff.rowlings@nhs.net

Election of CCG Locality Clinic Representatives

The LMC is running an election process on behalf of Devon Clinical Commissioning Group (CCG) for CCG Locality Clinic Representatives in the North, East and West. GPs and Practice Managers were sent information about the process earlier this month – if you haven't received the material contact richard.turner@devonlmc.org for a copy. The deadline for expressions of interest is tomorrow (Friday, 31 January).

MediFest

Devon LMC and other local healthcare partners will be attending MediFest – where nearly 1,000 students aged 9 to 13 will be present – to promote primary care as an exciting career development opportunity. The event celebrates the past, present and future of health and science and takes place at Plymouth Guildhall tomorrow (Friday, 31 January) and on Saturday, 1 February.

QOF Personalised Care Adjustments

Following the concerns raised by practices about the loss of opportunistic prompts following the roll out of the Quality Outcomes Framework (QOF) changes in 2019, TPP have confirmed to NHS Digital that they will add a status flag to the patient record which will alert practices to the fact these patients may be missing QOF care as part of their roll out of v44 of the QOF business rules. This will be implemented in the next two weeks. NHS Digital will explore whether additional functionality can be added to v45 of the QOF business rules to ensure that the two invitation Personal Care Adjustment (PCA) will only come into force at the end of the reporting period, ie 31 March.

Coronavirus guidance for primary care

Public Health England (PHE) has published [guidance for primary care](#) to reduce the risk of spread of infection during and following consultation with a suspected case of the Coronavirus (WN-CoV). The main principles are:

- identify potential cases as soon as possible
- prevent potential transmission of infection to other patients and staff
- avoid direct physical contact, including physical examination, and exposures to respiratory secretions
- isolate the patient, obtain specialist advice and determine if the patient is at risk of WN-CoV infection, and inform the local Health Protection Team (HPT)

If WN-CoV infection is seen in the UK, it is most likely to occur in travellers that have recently returned from Wuhan city in China. All PHE's coronavirus guidance is available [here](#).

Nuffield Trust explores quality and inequality

[Analysis](#) by the Nuffield Trust shows that people living in the most deprived areas of England experience a worse quality of NHS care and poorer health outcomes than people living in the least deprived areas. These include spending longer in A&E and having a worse experience of making a GP appointment.

Access to child and adolescent mental health services in 2019

A [report](#) from an education think tank examines access to specialist services, waiting times for treatment and provision for the most vulnerable children in England. It looks at the proportion of referrals to child and



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adolescent mental health services (CAMHS) that are rejected and waiting times to assessment and treatment for accepted referrals. It also describes mental health provision for certain groups of vulnerable young people: those with conduct disorder or difficulties, in contact with the social care system, and those transitioning from CAMHS to adult mental health services.