Rotherham LMC
Local Medical Committee

Newsletter – September 2015

LMC Meeting 14th September 2015

At our last LMC meeting we discussed a range of issues, some noted in this newsletter and others including:- care home alignment agreement, public health contracts agreement, phlebotomy service proposals, LIS survey and flu vaccination in care homes.

Dementia LES

LMC received the proposed Dementia Enhance Service. Whilst welcoming the opportunity to improve services for this group of patients, the LMC was concerned that it would be difficult for practices to sign up to the proposal as it currently stands.

It was felt the time allowed for providing the service was likely inadequate as was the funding for this time. Practices are advised to approach with caution and make sure that the resources provided and current GP work force situation will allow adequate increased capacity within practices to cope.

On balance, we felt that for most practices, it would not be sensible to participate in the enhanced service as currently propose.

Concessionary travel passes

The LMC have been in contact with South Yorkshire Passenger Transport Executive (SYPTE) about involving GPs *less* in the applications for concessionary bus passes.

They have consequently reminded RMBC that general Dept. for Transport guidance recommends against asking GPs to confirm patients' entitlement to an English National Concessionary Travel Scheme (ENCTS) pass on disability grounds.

SYPTE's guidance on this matter recognises that, whilst the statutory duty to determine entitlement rests with them, RMBC are in a better position to assess applicants' status and recommend the following means of assessment, most preferred first:-

Confirm applicant on Higher Rate Mobility Component (or equivalent PIP score)

Confirm applicant has the relevant certificate of visual impairment

Confirm applicant is registered with local authority as e.g. learning disabled

Assess applicant's status by means of a questionnaire/interview/assessment centre

Refer the applicant to a non-GP medical professional to have their status confirmed (specialist doctor, practice nurse, community psychiatric nurse etc)

Refer the applicant to their GP. (last resort).

If required they can supply a form of words agreed with the Barnsley psychiatrists' committee which covers the "would be refused a driver's licence" group of applicants.

SYPTE is still working on delivering a system that will allow RMBC to order passes directly thus streamlining the application process.

Transgender medication

The LMC have become aware that the Porterbrook Clinic in Sheffield are referring patients to primary care for medication.

There is currently no agreed shared care protocol covering these drugs. NHSE agreed a protocol nationally but it has never been taken forward. There have been several meetings at CCG levels to discuss this but no agreement.

The CCG advice (from medicines management) is simple - If you as a clinician do not feel comfortable prescribing these

unlicensed drugs then you are quite within your rights to refuse to do so.

Subject Access Requests for insurance purposes

BMA guidance 'Focus on Subject Access Requests for insurance purposes' was advised to you in our last newsletter. Following further discussions with the Information Commissioner's Office, the GPC have now sent an updated version of the guidance:-

http://bma.org.uk/practical-support-at-work/gp-practices/service-provision/subject-access-requests-for-insurance-purposes

Please note that the advised approach to responding to a SAR for insurance purposes has now been updated following the ICO's input. They have also included guidance on responding to SAR requests from third parties for non-insurance purposes.

We would suggest having read the guidance the logical first step is for the recipient practice is to contact the insurance company and express surprise at the request, given the ICOs advice to the insurance industry, and inviting a request for a report instead

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Appraisal and Revalidation

GMC guidance sets out that for the purposes of revalidation, doctors need to demonstrate regular participation in activities that review and evaluate the quality of their work.

Involvement in Quality Improvement Activity (QIA) is expected at least once every revalidation cycle; however the extent and frequency will depend on the nature of the activity. It has previously been perceived that completion of a full audit is required to meet QIA. However other examples of QIA could include a formative SEA, a review of clinical outcomes, a clinical case review, etc.

NHS England have approved nationally that QIA should be an annual requirement. Each annual appraisal should include a minimum of one example of personal involvement within a QIA which would demonstrate reflection, action and a change outcome or maintenance of quality.

There are many resources to assist doctors with this and with the appraisal and revalidation requirements, for example audit and SEA templates (examples can be found by typing 'Structured Reflective Templates - Doctors Appraisal' in the internet search engine – the Leicester ones have been found to be good); and support from your appraiser and the appraisal and revalidation team (england.sybappraisal@nhs.net).

CPD - It is expected that a minimum of 50 CPD credits are obtained per year with appropriate reflection on outcomes. Please provide your appraisal form and supporting information to your appraiser 2 weeks prior to your appraisal and advise the appraisal team of the date booked. It is also expected that your appraisal will be conducted within the month which you have been allocated; any requests outside of this date should be previously agreed with the appraisal office

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Medical Appraisal Policy

NHS England has updated its Medical Appraisal Policy. Please find below a link to the NHS England webpage containing the new policy and a document which outlines the changes incorporated including adoption of a national database and information on appraisal formats.

http://www.england.nhs.uk/revalidation/appraisers/app-pol/

Database Change. The SYB team have recently implemented a new Revalidation Management System (RMS) database. The RMS is the system adopted nationally by NHS England and will facilitate improved management of the appraisal and revalidation process.

Appraisal Format. Please note that the policy ratifies that NHS England will accept appraisals undertaken in any format which has been agreed and properly procured (e.g. MAG form, Clarity toolkit). This is in line with SYB current arrangements.

What would you do if you suspected one of your patients was at risk of female genital mutilation (FGM)?

Under the Serious Crime Act 2015, reporting cases of FGM will become mandatory for all health and social care professionals from October

2015. The GMC have some information on this which you may find useful:-

http://www.gmc-uk.org/guidance/27723.asp?dm_i=OUY,3NFNX,3F71WK,D4L9E,1

Overseas visitors and registration requirements

The GPC is aware of concerns about the lack of clear advice from NHS England about the obligations of practices with regard to registration and are taking urgent steps to ensure NHSE produces clear and definitive guidance to resolve this uncertainty.

They have been consulted on guidance which they have insisted should be published as soon as possible. In the interim the LMC reminds practices that people applying for registration cannot be turned down for reasons relating to the applicant's race, gender, social class, age, religion, sexual orientation, appearance, disability or medical condition.

Practices should not refuse registration on the grounds that a patient is unable to produce evidence of identity or immigration status or proof of address; there is no contractual duty to seek such evidence. Anyone who is in England is entitled to receive NHS primary medical services at a GP practice.

The CQC Duty of candour

This came into effect for all GP practices on 1 April 2015

This is covered by Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which sets out all of the Fundamental Standards. It aims to ensure that providers are open and honest with people when something goes wrong with their care and treatment.

When a service is meeting the duty of candour patients should expect:

- A culture within the service that is open and honest at all levels.
- To be told in a timely manner when certain safety incidents have happened.
- To receive a written and truthful account of the incident and an explanation about any enquiries and investigations that the service will make.
- To receive an apology in writing.
- Reasonable support if they were directly affected by the incident.

If the service fails to do any of these things, CQC can take immediate legal action against that provider.

It is recommended that practices read the CQC mythbuster:-

http://www.cqc.org.uk/content/gp-mythbuster-32-duty-candour-and-general-practice-regulation-20

LMC Meeting

GP constituents are reminded that they are always welcome to attend meetings of the LMC as observers. The Committee meets on the second Monday of every month (except August) in the Board Room at Rotherham General Hospital

NEXT

LMC MEETING

14th OCTOBER

COMMENCING

At 7.30 PM

OFFICERS OF THE LMC

Chairman
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If you have any questions or agenda items, or wish to submit appropriate articles for this newsletter

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More information on the work of the LMC can be found on our website at:

www.rotherham.lmc.org