October 2016 - Issue 28

Newsletter

North Staffordshire LOCAL MEDICAL COMMITTEE

Professional advice for General Practice

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Empowerment

One could argue that the need for change arises from failure, which says a lot about the NHS. The last 20 years has seen a constant cycle of reorganisation which despite best efforts has so far brought us no closer to a sustainable national health service which can remain free at the point of care. It is easy to feel overwhelmed, not just by the endless introduction of new structures, concepts and acronyms (STP, ACO, MCP), but also by the sheer volume of work coming our way at a time when staff (if available at all) come at a premium and resources are scarce.

Of course we are our own worst enemy. We moan that things cannot go on like this, and yet we put up with them. This has to change, and there is plenty we can do.

Nationally the GPC has done a lot of work in recent years to empower us click here for further information. and locally we have also been working on solutions. Our latest tool to support you is the Staffordshire Patient Communication Charter which clearly sets out what patients and clinicians can expect from each other, ensuring that there is "no passing the buck" whilst ensuring that patients are safe.

And on the subject of patient safety, competing demands on our time make it impossible to do all the work in our practice ourselves safely. We need to ensure we have a balanced skill mix in our practice teams and embrace changes which improve efficiency and quality of our administrative support systems.

For an immediate impact I would encourage you to take stock and consider whether what you are doing at the moment makes financial sense and is sustainable. So here are 2 examples:

1. Residential homes often request home visits on the grounds that they do not have the means to transport the patient. Make it clear that you will not visit unless a

patient is truly housebound. It is for the home/family to make suitable transport arrangements.

2. Why continue an enhanced service which brings little or no resource into the practice, and yet carries significant clinical risks. The LIS for DMARDs is a prime example. My practice are repatriating all patients on DMARDs back to secondary care.

Act now and take back control, you have permission to say no.

Dr Harald Van der Linden, LMC Secretary

Staffordshire Patient Charter

I'm aware that practices continue to experience problems with patient communication arising from UHNM, SSOTP, CHC and others. This has been recognised by all parties in the local health economy and as a result the LMC has drawn up and reached agreement on a Patient Communication Charter.

The Charter aims to clearly set out standards of communication and provides a vehicle by which to hold each other to account. It is strengthened by the new NHS Standard Contract 2016-2017, which sets out statutory obligations for all non-GP providers.

So clearly the aim is to do away with patients and clinicians being left in limbo due to poor communication, and make life easier for all concerned. I would expect some early teething problems in terms of compliance, but if practices are still being asked to chase up results of hospital investigations, or discharge letters are incomplete or have not arrived, or they are expected to take on (unfunded) work which should have been done elsewhere, I would still ask you to report this on Datix and copy in the LMC on admin@northstaffslmc.co.uk.

I would encourage you to read through it and keep a copy close to hand to remind you of what standard of communication you can expect from others, and what can reasonably be expected from you to ensure safe patient care.

Primary Care Support England (PCSE) Update

Thank you to all those Practices who provided the LMC with information about the issues you are currently experiencing with PCSE. We ask that you continue to provide Anne Sherratt practiceliaison2northstaffslmc.co.uk with this information as your examples are used in the ongoing monthly conference call to demonstrate that Capita are not meeting their contractual obligations.

General issues

- A number of Practices have indicated that they have received medical records which should have gone to another Practice. Jonathan Gore has asked that practices take information from the front of the delivery pack to help identify whether packs are being packed incorrectly or if City Sprint delivered incorrectly – every Practice has a unique id. This should be fed back to Jonathan jonathan.gore@capita.co.uk as an issue to be investigated. It should also be recorded as an Information Governance incident - see your IG Toolkit.
- There are still issues with first registrations.However, we were assured that this will start to improve from November with the issue of the Lloyd George envelopes.
- Practices should now be getting a case number when they send their initial e-mail to Capita. This should then be used in any follow-up query and will allow Capita to track the original request through the system. Please ensure that you use this case number when taking any follow-up action.
- If you encounter any problems with the helpdesk in terms of the attitude or helpfulness of Capita staff then you need to ensure that you take that person's name and feed this back to Jonathan Gore. He needs to know whether this is a general problem across the helpdesk team or whether it is down to a specific individual. Any training needs can then be addressed.
- Issues with deducting patients. This has been because if the patients are not deducted within the timescales, the spine is throwing the patients back to the practice. The backlog has been cleared and this should not be happening now. Jonathan Gore apologises for the problems experienced.
- A number of other issues were raised including outstanding Registrar expense payments, uploading temporary patients and urgent requests for records all of which Jonathan Gore will be investigating.

Capita recognises that there are significant issues to be addressed to improve the service provided by PCSE. They have appointed a new Director, Jill Matthews, to turn the service around along with some other new team members. They are currently reviewing the business and are in the process of producing 'rectification plans' which will be shared and agreed with NHSE and then implemented.

To view NHS England's PSCE GP Update click here.

FAQs: GP Trainers Grant Payment

The following information has been received from Health Education West Midlands.

Q: "Should trainers who currently don't have a trainee in our practice still receive the CPD payment in order to support the maintenance their training status?"

A: Trainers who have acted as an educational supervisor (ST1,2 or 3) in the last 2 years are entitled to a CPD payment. Those not active ones will be contacted to see if they intend to continue as trainers or not otherwise we will remove from the GMC data base.

Q: "If I have more than one trainee do I get more than one trainers grant?"

A: Yes

Q: "If the trainee works less than full time is the trainers grant pro-rata?"

A: Not at the moment, I suspect this will change as part of austerity. We argue the educational input and time is the same irrespective of employment status.

Please note all payments will be made to the training practice and not to individuals - allocation of payment to individual trainers is a training practice decision. This protects individuals being picked up by internal audit, HMRC and NHS Protect who are interested in ad-hoc claims and multiple roles from a tax, fraud and European Working Time Directive perspective. For some reason they are particularly interested in GPs with portfolio careers.

Palliative drug chart reauthorisation signatures

We have received concerns that staff in nursing homes are repeatedly requesting GP reauthorisation, by means of a regular GP signature, on the front of the "COMMUNITY NURSING AUTHORISATION AND ADMINISTRATION RECORD FOR PATIENTS REQUIRING SUPPORTIVE CARE" form (the white form with red writing on used in palliative care situations).

The workload generated for a GP in signing multiple forms regularly is excessive. Thankfully it has been clarified that these reauthorisation signatures should routinely come from nurses not the GP. If a nurse finds something in the form that is thought by them to be no longer appropriate, only then should it be passed to a GP for review.

Should there be an issue identified, it should be noted that there is nothing stopping the nurse or other person delivering the form to a GP (together with adequate communication of the issue) rather than this triggering a visit of the GP to review.

I hope that saves some work!

Two new Patient Online toolkits for GP practices and for CCGs and NHS organisations

The Patient Online programme has released two new toolkits to support GP Practices CCGs, CSUs and other NHS organisations. with the effective promotion of online services to patients: ordering of repeat prescriptions, booking of appointments and viewing of medical records. The toolkits consist of templates for web copy, press releases, social media and newsletters as well as instructions on how to order the new range of promotional materials. These materials have been tested with patients across the country and now say “GP online services” instead of “Patient Online”, as a survey revealed patients related to this better.

Contact email address for any queries: england.patient-online@nhs.net

Christmas and New Year period

NHS England has recently circulated a letter to commissioners for practices about guidance for the Christmas and New Year period. The LMC would like to take this opportunity to draw your attention to the guidance on the BMA website about this, to ensure that patients are adequately provided for over this period.

Guide for GPs seeking help and advice

Please see the following guide "The Vital Signs in Primary Care: A guide for GPs seeking help and advice" written for the RMBF by Dr Richard Stevens. The guide sets out the key stress and pressure points for GPS and GP Trainees, seeks to provide practical advice, and signposts support and resources for those experiencing stress and difficulty.

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