

SHEFFIELD LOCAL MEDICAL COMMITTEE

Newsletter

September 2018

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NHS STANDARD CONTRACT BREACHES SURVEY

The NHS Standard Contracts for Secondary Care Trusts which came into force in April 2016 and April 2017 placed new requirements on Hospital Trusts to reduce inappropriate bureaucratic workload shift onto GP practices. As noted in past editions of our newsletter, to assist practices and LMCs in ensuring that the new requirements were met and the burden on practices was reduced, a series of template letters were produced which can be accessed via:

- <https://www.bma.org.uk/collective-voice/committees/general-practitioners-committee/gpc-current-issues/nhs-england-standard-hospital-contract-guidance-2017-2019/nhs-england-standard-hospital-contract-guidance>.
- <https://www.bma.org.uk/collective-voice/committees/general-practitioners-committee/gpc-current-issues/nhs-england-standard-hospital-contract-guidance-2017-2019>.

In addition, Sheffield LMC has written to and met with local Trusts requesting that measures are implemented to ensure the new requirements are met.

It is apparent that some areas remain problematic to GP practices. To gauge the scale of the problem and continue negotiations with local Trusts, it is vital that we have up-to-date feedback from Sheffield GP practices. Therefore, it would be appreciated if you could complete the brief survey available via: <https://www.surveymonkey.co.uk/r/ContractBreachesSept18>.

Thank you for your assistance.

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CHANGES TO SHEFFIELD LMC EXECUTIVE

Further to the article in the August LMC newsletter, we are pleased to announce that Dr Alastair Bradley took over as Chair of Sheffield LMC on 1 September 2018.

Alastair has worked at Tramways Medical Centre since 1995. He joined the LMC as Executive Officer in July 2016. In December 2016 Alastair was elected to the post of Vice Chair. At the time Dr Mark Durling agreed to remain as LMC Chair until such time as adequate succession planning was in place. It is as a result of Alastair's enthusiasm and commitment to the LMC that this change has now been able to take place.

We would, of course, wish to acknowledge the immense contribution Mark has made as LMC Chair since his election in 2008. Mark has agreed to support Alastair in the role of Vice Chair whilst a further review and succession planning is undertaken, in time for the next elections.

Contact details for all Executive members can be accessed via: <http://www.sheffield-lmc.org.uk/page1.aspx?p=13&t=1>.

As ever, we are keen to hear from any represented Sheffield GPs who might be interested in joining the LMC. Further details of the work of the LMC can be found in *A Guide to Your Local Medical Committee*, which is available via: <http://www.sheffield-lmc.org.uk/website/IGP217/files/LocalMedicalCommittee-Nov16.pdf>.

If you are interested in joining the LMC, would like more information about what being a Committee Member or Executive Officer involves, or are interested in attending a number of meetings as an observer initially, please do not hesitate to contact Margaret Wicks, LMC Manager via manager@sheffieldlmc.org.uk or (0114) 2588755.

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SCHOOL ABSENCE: REQUESTS FOR MEDICAL CONFIRMATION

In view of the number of enquiries we received from GPs who had been asked to provide medical evidence regarding children who have been absent from school, either for a prolonged period or repeatedly, agreement was reached with the Local Authority regarding the evidence they required and guidance was issued in 2012. In February 2018 we met with Local Authority representatives to review the agreement, and to look at increasing School Nurse input in to the process, thus keeping GP involvement to a minimum. The following was agreed:

Local Authority Procedure

The Local Authority receives referrals from schools regarding children and young people whose attendance levels are causing concern. The process that schools and the Local Authority then work through is as follows:

- Local Authority Attendance and Inclusion Officers (A&IO) within the Commissioning Inclusion and Learning Service routinely meet with school staff to discuss children who are persistently absent from school. Persistent Absence is defined as attendance of 90% and below.
- Schools refer to MAST for support to improve school attendance, where the school feels that additional support (which cannot be provided by the school) is required in order to make positive change.
- If there are concerns regarding frequent absences on health grounds, the A&IO or Family Intervention Worker will request that the school does not authorise any absence due to illness, unless evidence is provided (appointment card, prescription etc).
- Where the level of unauthorised absence is significant, the Local Authority may consider taking legal action in order to try and bring about an improvement in attendance levels. This action will only be taken after support has been offered by the school or MAST, advice given, and the parent / guardian has still failed to ensure that attendance has improved.
- Prior to a Penalty Notice (fine) being issued to the parent / guardian, or a decision to take the parent / guardian to court, a final warning letter will be issued. This states that the child must have no unauthorised absence during a 15 school day period in order to avoid further action, and that any absences as a result of illness must be supported by medical evidence.

Requests for Medical Evidence

If the parent / guardian states that the unauthorised absence from school was as a result of ill health and has no evidence to support this, schools staff will request that the Local Authority seeks clarification from the GP. The A&IO will consult with the School Nurse to agree to this course of action. This will ensure that information held by the school nursing team is considered before the need to approach the GP is agreed. With parental / guardian consent the Local Authority will contact the GP via MAST, A&IO or the School Nurse. Contact would be made via a letter to seek the GP's view. This would only occur at the point of issuing a fine or taking a parent / guardian to court and where no evidence to support the illness has been obtained from the parent / guardian. Whilst it is acknowledged that GPs are not required to provide notes of this type under their NHS contracts, we feel that it is reasonable to view prolonged absence from school as a safeguarding issue. In view of this, and the fact that only brief confirmation is being requested, a fee will not be payable. We would, however, encourage GPs to support the Local Authority in this process.

Supporting Literature

In August 2018 the Local Authority distributed posters and A5 cards to GP practices and schools to remind GPs and staff that the Local Authority / schools do not require parents to obtain a doctor's note. Further copies for displaying in GP practices / handing to patients can be obtained from Tracey Rice, Attendance Team Leader, CILS via tracey.rice@sheffield.gov.uk or (0114) 2331189.

For ease of future reference, this updated guidance can be found at:

[http://www.sheffield-lmc.org.uk/website/IGP217/files/School%20Absence%20\(Revised%20Sept18\).pdf](http://www.sheffield-lmc.org.uk/website/IGP217/files/School%20Absence%20(Revised%20Sept18).pdf).

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VIOLENT PATIENT REGISTRATIONS

Concerns have been raised with the LMC regarding patients who are already on the Special Allocations Scheme (SAS), formerly known as the Violent Patients Scheme, trying to register at another practice. At the time that the patient presents at the practice, there is no way for the practice to know that they are on the SAS.

Confirmation has been received from NHS England that a flag is placed on the patient record by PCSE at the point that the patient is included on the SAS, and will remain there until the patient is removed from the scheme. If a patient with the SAS flag attempts to re-register with another GP Practice this is identified and stopped by PCSE's Registration Team. A rejection message is sent to the GP practice.

This process does mean that, although likely to be a rare occurrence, there is the possibility of a patient being seen between presenting to the practice and the registration being rejected.

If practices do encounter difficulties with this process, it would be appreciated if patient anonymised details could be forwarded to the LMC office via manager@sheffieldlmc.org.uk.

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GENERAL DATA PROTECTION REGULATIONS (GDPR) SURVEY ON SUBJECT ACCESS REQUESTS (SARs)

The General Practitioners Committee (GPC) has recently contacted LMCs regarding the significant impact on practices of the introduction of the GDPR, particularly the removal of the ability to charge to cover the costs of responding to SARs. The GPC has also received reports of SARs requests having increased significantly since the changes were made in May.

In order to accurately quantify the full scale of this problem, the GPC is surveying all practices across the UK to collect information on this issue.

We would urge all practices to complete the survey – one response per practice – which can be accessed via: <https://www.research.net/r/bmasarsurvey>.

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PATIENT CHOICE OF PHARMACY AND POSSIBLE INDUCEMENT

The General Practitioners Committee (GPC) has been informed that a medical practice has received marketing material from a printing and mailing company which offers a reduced postage rate if medical practices agree to allow an information leaflet promoting a specific distance-selling pharmacy to accompany any correspondence to patients.

The GPC is urging practices not to engage with this initiative, as there is concern that participating in it may have implications in relation to patients' free choice of pharmacy and also that the offer of reduced postage costs may constitute an "inducement".

A joint statement on prescription direction from the British Medical Association (BMA), Pharmacy Voice and the Pharmaceutical Services Negotiating Committee (PSNC) can be accessed via: <http://www.sheffield-lmc.org.uk/website/IGP217/files/prescriptiondirectionstatement.pdf>.

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REFERRAL MANAGEMENT

The British Medical Association (BMA) has published a briefing which provides an up-to-date account of the various referral management schemes that are currently operating in England. The briefing summarises existing evidence regarding the effectiveness of referral management and restates the BMA's existing concerns about the risks associated with many referral management schemes. It also provides recommendations for Clinical Commissioning Groups, NHS England and the Department of Health and Social Care, based on evidence and member views.

A copy of the briefing can be accessed via: [http://www.sheffield-lmc.org.uk/website/IGP217/files/Referral-management-in-England-August-2018%20\(1\).pdf](http://www.sheffield-lmc.org.uk/website/IGP217/files/Referral-management-in-England-August-2018%20(1).pdf).

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NEW OMBUDSMAN'S CLINICAL STANDARD

The Parliamentary and Health Service Ombudsman (PHSO) has introduced a new Ombudsman's Clinical Standard. For complaints about NHS clinical care and treatment in England, including those made directly to GP practices, PHSO aims to establish what would have been good clinical care and treatment in the situation complained about and whether what actually happened fell short of that.

PHSO states that the new Clinical Standard gives greater clarity to how the appropriateness of care and treatment is considered. Clinicians and health organisations can inform the PHSO which professional guidance or standards they based their practice on, and the PHSO will consider the explanations of those complained about and balance them against the relevant standards or guidance. The intention is that this will offer a clearer opportunity to explain how the decisions about care and treatment were reached. The General Practitioners Committee (GPC) is seeking a meeting with the PHSO to discuss this with them.

A copy of the Clinical Standard is available on the PHSO website at: <https://www.ombudsman.org.uk/organisations-we-investigate/what-happens-if-someone-complains-about-your-organisation/ombudsmans-clinical-standard>.

Any questions or comments about the Clinical Standard should be emailed to: PublicAffairs@ombudsman.org.uk.

British Medical Association (BMA) guidance and FAQs on complaints can be accessed via:

[http://www.sheffield-lmc.org.uk/website/IGP217/files/gpnhscomplaintsproc%20\(1\).pdf](http://www.sheffield-lmc.org.uk/website/IGP217/files/gpnhscomplaintsproc%20(1).pdf).

<http://www.sheffield-lmc.org.uk/website/IGP217/files/gpnhscomplaintfaqs.pdf>.

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SOUTH YORKSHIRE MEDICO-LEGAL SOCIETY

The LMC has recently been contacted by the South Yorkshire Medico-Legal Society, with a view to making GPs aware of how they can join the Society and access the programme of events.

Monthly meetings are held at the Medico-Legal Centre at 6.30 pm, with a wide range of subjects that GPs might find of interest.

Further information about joining the Society can be found at: <https://www.sympls.co.uk/contact>.

The 2018/19 programme of events can be found at: <https://www.sympls.co.uk/events>.

Alternatively, should any GP wish to "sample" one of the meetings, it is possible to attend as a guest without having to pay a fee and join first. This can be arranged via Arthur Kaufman 07789 133651 or arthur35art@hotmail.co.uk.

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**Please forward any articles for inclusion in the LMC newsletter to
manager@sheffieldlmc.org.uk**

Articles for the October edition to be received by Friday 5 October

Submission deadlines can be found at

<http://www.sheffield-lmc.org.uk/website/IGP217/files/Newsletter%20&%20VB%20Deadlines%202018.pdf>