

# SHEFFIELD LOCAL MEDICAL COMMITTEE

# Newsletter

# April 2016

## INSIDE THIS ISSUE:

### PRACTICE CLOSURES/RESIGNATIONS

### CARE QUALITY COMMISSION (CQC) VISITS: UPDATE

### MATERNITY LEAVE VACANCY ON SHEFFIELD LMC

### COMMUNICATION OF PATIENT DIAGNOSTIC TEST RESULTS

### ACCESSIBLE INFORMATION STANDARD

### FIREARMS LICENSING

### QUALITY AND OUTCOMES FRAMEWORK (QOF) GUIDANCE 2016-17

### REVALIDATION GUIDANCE

### FREEDOM TO SPEAK UP IN PRIMARY CARE: CONSULTATION

### GP NETWORK: PRISONS/IMMIGRATION REMOVAL CENTRES/POLICE CUSTODY

### SESSIONAL GPs E-NEWSLETTER: MARCH 2016

### ANNUAL CONFERENCE FOR PUBLIC HEALTH MEDICINE

### GENERAL PRACTICE NURSING (GPN) IN THE 21ST CENTURY

### ROUNDOABOUT SLEEP OUT EVENT

### **PRACTICE CLOSURES/RESIGNATIONS**

As you will be aware, the British Medical Association (BMA) launched their *Urgent Prescription for General Practice* Campaign, details of which are available via:

[http://www.bma.org.uk/working-for-change/urgent-prescription-for-general-practice?utm\\_source=The%20British%20Medical%20Association&utm\\_medium=email&utm\\_campaign=6868801\\_NEW12A1%20GP%20ENewsLETTER%20090316&utm\\_content=upgp&dm\\_t=0.0.0.0](http://www.bma.org.uk/working-for-change/urgent-prescription-for-general-practice?utm_source=The%20British%20Medical%20Association&utm_medium=email&utm_campaign=6868801_NEW12A1%20GP%20ENewsLETTER%20090316&utm_content=upgp&dm_t=0.0.0.0)

Part of this campaign involves urgently gathering information on practices that are vulnerable, facing imminent closure or considering resigning their contract.

The LMC is aware of a number of such situations, but in order to be able to report an accurate picture for the whole of Sheffield, it would be appreciated if practices could update

the LMC if they feel that they fall in to one of these categories, via: [manager@sheffieldlmc.org.uk](mailto:manager@sheffieldlmc.org.uk).

In addition to informing the LMC of these circumstances, if there are ways that practices feel the LMC could support them or liaise between practices to review the actions that practices can take to ease workload and capacity issues, avoid unwanted closures or assist with planned mergers etc, please do not hesitate to outline your circumstances and how you would like the LMC to become involved.

-000-

### **CARE QUALITY COMMISSION (CQC) VISITS: UPDATE**

As you will be aware from previous newsletter articles, as a result of significant concerns being raised regarding the CQC inspection process, a meeting was scheduled for

the LMC, Practice Manager and CQC representatives.

The main topics of discussion were:

- Provision of supporting information;
- Disruption to clinical services;
- Practice Manager input;
- Disclosure & Barring Service (DBS) checks;
- Feedback after the visit;
- Subsequent inspections;
- Ongoing feedback.

The outcomes of the meeting have been summarised for practices and can be accessed via:

[http://www.sheffieldlmc.org.uk/lmc%20guidance/CareQualityCommission\\_CQC\\_Inspections.pdf](http://www.sheffieldlmc.org.uk/lmc%20guidance/CareQualityCommission_CQC_Inspections.pdf)

As you will see from the summary, we were helpfully given a contact name for any future concerns with the inspection process and, as such, we agreed to liaise with practices and collate feedback as and when issues arose. Therefore, it would be appreciated if any further comments or concerns could be emailed to the LMC via:

[manager@sheffieldlmc.org.uk](mailto:manager@sheffieldlmc.org.uk).

-000-

### **MATERNITY LEAVE VACANCY ON SHEFFIELD LMC**

An opportunity has arisen for a Sheffield GP to be co-opted to an elected member vacancy on the LMC to cover a period of maternity leave. The co-option would run for the remainder of the current electoral term, ie until 30 November 2016.

All eligible GPs (on the Medical Performers List and contributing to the LMC's levies) are encouraged to consider joining the LMC.

Meetings of the full LMC are usually held on the second Monday of the month at 7.45 pm in the Lecture Theatre at Tupton Hall (occasionally dates are changed to avoid bank holidays, staff leave etc).

In addition, members are encouraged to represent the LMC on other committees and this additional meeting attendance is funded by the organisers of the committees or the LMC.

The LMC's primary function is to represent Sheffield GPs and, therefore, it is extremely important that local GPs have a means of debating the important topical issues and influencing or making policy in order to represent the breadth of general practice in Sheffield.

The LMC is also a very useful forum for keeping up-to-date with all that is happening in Primary Care and a chance to meet colleagues with differing views and experience across the city.

Further details of the work of the LMC can be found in *A Guide to Your Local Medical Committee*, which is available via the LMC website at:

<http://www.sheffieldlmc.org.uk/Downloads/LMC%20Guide.pdf>

If you are interested in joining the LMC, or would like more information about what being a committee member involves, please do not hesitate to contact:

Margaret Wicks  
LMC Manager  
[manager@sheffieldlmc.org.uk](mailto:manager@sheffieldlmc.org.uk)  
(0114) 2588755.

-000-

### **COMMUNICATION OF PATIENT DIAGNOSTIC TEST RESULTS**

NHS England has developed a set of standards for the communication of patient diagnostic test results when they are discharged from hospital:

<https://www.england.nhs.uk/patientsafety/wp-content/uploads/sites/32/2016/03/disc-harge-standards-march-16.pdf>

The standards describe acceptable safe practice around how diagnostic test results should be communicated between secondary, primary and social care and also with patients.

The intention is to ensure that hospitals take responsibility for their own tests, and this is specified in the first key principle, which states *'the clinician who orders the test is responsible for reviewing, acting and communicating the result and actions taken to the General Practitioner and patient even if the patient has been discharged'*.

Following concerns raised by LMCs about other statements within the guidance, please see the following clarification:

The standard stating that *'Where a consultant delegates responsibility for any tasks around the communication of diagnostic test results to general practitioners, they should ensure clinicians given the task understand and fulfil that responsibility'* raised concerns from LMCs that this might refer to the inappropriate delegation of tasks to GPs. NHS England has agreed to amend the statement to *'Where a consultant delegates responsibility to another team member for any tasks around the communication of*

*diagnostic test results to general practitioners, they should ensure that person understands and fulfils the responsibility'*. For clarity, the statement was never intended to suggest consultants can 'delegate' these tasks to GPs.

The stated principle that *'every test result received by a GP practice for a patient should be reviewed and where necessary acted on by a responsible clinician even if this clinician did not order the test'* is not a new obligation. Please note that 'acted on' in many cases will mean ensuring the responsible secondary care clinician who ordered the test has taken, or will take, the appropriate action, in cases where patient care will be affected. If safe systems are in place to enforce the first principle, even this action should rarely be required.

The BMA previously issued its own statement regarding the duty of care regarding communication of investigation results, which also confirms ultimate responsibility for ensuring that results are acted upon rests with the person requesting the test.

The General Practitioners Committee (GPC) will be writing to CCGs proposing that this principle is written into local service specifications with Trusts, as well as ending any unnecessary copying of hospital initiated test results to practices.

-000-

### **ACCESSIBLE INFORMATION STANDARD**

The Accessible Information Standard aims to ensure that disabled people have access to information they can understand and the communication support they may need.

Practices in England are expected to follow the Standard by **31 July 2016**.

The GPC has produced guidance, which can be accessed via:

<http://www.bma.org.uk/-/media/files/pdfs/practical%20advice%20at%20work/contracts/gps/focus-on-the-accessible-information-standard-april-2016.pdf>

-000-

## **FIREARMS LICENSING**

Further to the article in the March LMC Newsletter, the BMA has now issued guidance available via:

<http://www.bma.org.uk/support-at-work/ethics/confidentiality-and-health-records/firearms>

The BMA's Professional Fees Committee is aware that many GPs will have concerns over the new process and those who have been involved in discussions with the Home Office share these frustrations.

The BMA will continue to raise concerns with the Home Office on the new process and seek solutions where possible. To assist this process LMCs have been asked to collate and pass on concerns to the BMA. Therefore, it would be appreciated if any issues or concerns could be reported to the LMC via:

[manager@sheffieldlmc.org.uk](mailto:manager@sheffieldlmc.org.uk).

-000-

## **QUALITY AND OUTCOMES FRAMEWORK (QOF) GUIDANCE 2016-17**

The 2016-17 QOF guidance has been published on the NHS Employers webpage:

<http://www.nhsemployers.org/your-workforce/primary-care-contacts/general-medical-services/quality-and-outcomes-framework>.

The BMA webpage has been updated to reflect the minor amendments made to QOF for 2016-17, namely an adjustment to the value of a QOF point, taking account of population growth and relative changes in practice list size from 1 January 2015 to 1 January 2016:

<http://www.bma.org.uk/support-at-work/contracts/gp-contracts-and-funding/independent-contractors/qof-guidance>.

The national average list size as of 1 January 2016 is 7460 and the value of a QOF point for 2016/17 will be £165.18. Please note that there are no changes to thresholds or indicators for 2016/17.

-000-

## **REVALIDATION GUIDANCE**

The Royal College of General Practitioners (RCGP) has approved a new *Guide to Supporting Information for Appraisal and Revalidation (March 2016)*, which aims to reduce inconsistencies in interpretation and simplify and streamline the recommendations:

<http://www.rcgp.org.uk/revalidation/~media/Files/Revalidation-and-CPD/2016/RCGP-Guide-to-Supporting-Information-2016.ashx>

The guide is designed to ensure that any areas where there has been a lack of clarity are better understood. It confirms that:

- All time spent on learning activities associated with demonstrating the impact of learning on patient care, or other aspects of practice, can be credited as continuing professional development (CPD).
- GPs should provide a few high quality examples that demonstrate how they keep up to date, review what they do, and reflect on their feedback, across the whole of their scope of work over the five year cycle.
- Only incidents that reach the General Medical Council (GMC) level of harm need to be recorded as Significant Events in the portfolio. Reflection on all such Significant Events is a GMC requirement and must be included whenever they occur.
- GPs only need to do a formal GMC compliant colleague survey once in the revalidation cycle (like all doctors).
- There are many forms of quality improvement activity and they are all acceptable to demonstrate how you review the quality of what you do, and evaluate changes that you make. There is no requirement for GPs to do a formal two cycle clinical audit once in the five year cycle.

The RCGP recognises that GPs need to be supported by their College in resisting inappropriate additional bureaucracy and is working with key

stakeholders such as the GPC, GMC and Responsible Officer networks to look at reducing the regulatory burden.

-000-

## **FREEDOM TO SPEAK UP IN PRIMARY CARE: CONSULTATION**

In February 2015 Sir Robert Francis published his report *Freedom to Speak Up*. In response to his recommendations to review primary care separately, NHS England has drafted a whistleblowing policy specifically for primary care.

The intention is that the guidance should be used by primary care organisations to review their policies and procedures on staff raising concerns about safety. The policy sets out:

- who can raise a concern;
- the process for raising a concern;
- how the concern will be investigated;
- what will be done with the findings of the investigation.

The policy, which is available for consultation until 6 May 2016, can be accessed via:

<https://www.england.nhs.uk/wp-content/uploads/2016/04/whistleblowing-guid-mar16.pdf>

Further information about how to respond to the consultation can be found via:

<https://www.engage.england.nhs.uk/consultation/wwhistleblowing>

-000-

## **GP NETWORK: PRISONS/IMMIGRATION REMOVAL CENTRES/ POLICE CUSTODY**

The LMC was recently contacted by Dr Alex Bunn, BMA representative for prison GPs. Dr Bunn is keen to connect up, resource and advocate for GPs who are working in high risk environments but are often unsupported.

There are about 700 such GPs working in UK prisons, and others working in immigration removal centres and police custody, but the BMA only has 100 contacts of what is a hard to reach subgroup.

If you work in such environments and would appreciate the opportunity to join a BMA network (you do not need to be a BMA member), please contact Dr Bunn via:  
[alexbunn@btinternet.com](mailto:alexbunn@btinternet.com).

-000-

### **SESSIONAL GPs E-NEWSLETTER: MARCH 2016**

The March edition of the Sessional GPs e-newsletter is available on the BMA website at:

<http://bma-mail.org.uk/t/JVX-43APZ-1BJCJOU46E/cr.aspx>

The main articles include:

- Indicative locum rate plans disappoint.
- Do you know how to mitigate clinical risk?
- Scarlet fever – rise in infection rate prompts PHE alert.
- Life after my GMC investigation.
- Solving the patient puzzle in general practice.
- General practice faces toughest challenges – support the campaign.
- Find your fee with our locum calculator.
- Time to regain control of your workload?

-000-

### **ANNUAL CONFERENCE FOR PUBLIC HEALTH MEDICINE**

The BMA Annual Conference for Public Health Medicine is being held at BMA House on Wednesday 4 May 2016.

This is an opportunity for public health doctors from across the UK to meet together to discuss key issues,

network, share experiences and set priorities for the BMA public health medicine committee for the coming year. GPs with a special interest in public health may be particularly interested to attend as observers. You do not need to be a BMA member to attend, however, there is a £40 fee for non-members.

Further details and a link to the registration form can be found at:  
<http://www.bma.org.uk/events/2016/may/annual-conference-of-public-health-medicine-2016>

Further information can be obtained from David Cloke, Committee Secretary for the Public Health Medicine Committee via  
[dcloke@bma.org.uk](mailto:dcloke@bma.org.uk).

-000-

### **GENERAL PRACTICE NURSING (GPN) IN THE 21ST CENTURY**

The Queen's Nursing Institute (QNI) GPN Transition resource is for nurses new to general practice. It might also be used to support revalidation, since it has a cloud based portfolio, and student nurses in GP placements.

Over 1200 people have already accessed the resource since it was launched on 18 January. The QNI is committed to updating this as required and plans a full review in two years.

The GPN report is available via:  
[www.qni.org.uk/docs/1%20FOR%20WEB%20GPN%2021%20Century%20Report.pdf](http://www.qni.org.uk/docs/1%20FOR%20WEB%20GPN%2021%20Century%20Report.pdf)

-000-

### **ROUNDAABOUT SLEEP OUT EVENT**

*Article submitted by Ruth Gage,  
Fundraising Co-ordinator,  
Roundabout*

Do you think you could 'rough it' for one night only to prevent this becoming a reality for young people in Sheffield?

We hold two Sleep Out events each year. Our November Sleep Out is part of our End Youth Homelessness partnership, where various national

youth housing charities all hold their own on the same night and we also hold our own Sleep Out event earlier in the year. We raised an incredible £15,000 at the event in November which is fantastic!

Further information about the campaign can be accessed via:  
<http://www.eyh.org.uk/>.

We're pleased to announce that we will be holding another Sleep Out event at Cads Works, 7 Smithfield, Sheffield on **Friday 20 May**.

The event will begin at 8 pm and finish the following morning at 7 am. The first half of the evening will feature fun, games, food, entertainment and music, but from midnight the challenge begins!

It costs £15 to register (£10 for early bird) and groups of 4 can register for the price of 3.

We are asking you to get sponsored to help us raise money to provide a safe place to stay for young homeless people. There is no minimum sponsorship, but we recommend you aim for a target of £150.

To register, please visit the link below:

<https://tickets.partyforthepeople.org.uk/events/1795-roundabout-sleep-out>

If you have any questions, please:

- Email:  
[fundraising@roundaboutltd.org](mailto:fundraising@roundaboutltd.org)
- Call:  
(0114) 253 6753.

-000-

Please forward any articles, comments etc for inclusion in the LMC newsletter to the LMC office via [manager@sheffieldlmc.org.uk](mailto:manager@sheffieldlmc.org.uk)

**Articles for the May edition to be received by Friday 6 May**

**Submission deadlines can be found at:** [http://www.sheffieldlmc.org.uk/Newsletters14/VB\\_and\\_Newsletter\\_Deadlines.pdf](http://www.sheffieldlmc.org.uk/Newsletters14/VB_and_Newsletter_Deadlines.pdf)