LMC LINKS

The Newsletter of Salford and Trafford Local Medical Committee

APRIL 2015

In This Issue

GMS CONTRACT

Over the next few weeks the GMS contract documentation for 2015-16, including enhanced services specifications and QOF guidance, will be published by NHS England.

The clinical enhanced services specifications (for Childhood flu, Seasonal flu and Pneumococcal, Men C, Pertussis for pregnant women, Shingles catch up, and Dementia) are already available on the NHS England website and the BMA website will be updated shortly to reflect these changes and provide links to these guidance documents.

The 2015/16 contract guidance has also been published on the NHS Employers website.
www.nhsemployers.org/GMS201516

QOF GUIDANCE 2015-16

The QOF guidance for 2015-16, applicable from 1 April 2015, has now been published on the NHS Employers website. A link to the guidance has also been published on the BMA website QOF guidance pages.

LMC WEBSITE

The LMC website at www.salfordandtraffordlmc.org.uk is being relaunched. The username and password remain the same but if you need a reminder please contact Kerrie.rowlands@nhs.net

RETIREMENT OF LONG STANDING COLLEAGUES

For those of you who have worked in this area for a while it is highly likely that you will have come across Eveline Bridge and Christine Tobin. They both have a lifetime of experience working for the NHS in our area. Our Chief Executive, Vivienne Simenoff has known them since joining in 1996 but they were already old hands by then. They worked for Salford and Trafford Health Authority and every other iteration of management structure since then.

They have been granted voluntary redundancy with effect from March 31st, along with their colleague Angela. Eveline and Christine will be retiring after a lifetime of commitment to the NHS. The LMC has contacted them to thank them for all their assistance over the years and to wish them a long, happy and healthy

retirement.

CONCERN FOR OUR GP'S

If you are a GP in either Salford or Trafford and recognise that stress is affecting your performance please get in touch so that we can try to assist you. Please contact either: Vivienne Simenoff on vsimenoff@nhs.net, or Dr Iain Maclean iain.maclean@nhs.net; or myates2@nhs.net or Dr Colin Kelman colin.kelman@nhs.net

The LMC is deeply concerned for the welfare of our GPs and what for many people has become an intolerable workload. We are working with Salix, the GP provider organisation in Salford, to submit a bid to the Salford Innovation fund for a scheme similar to that provided in London: The Practitioner Health Programme. We are grateful for their assistance with this bid. We are reminding all of our contacts, at every level of the NHS, of the need for such a scheme in every area. We continue to work with both Salford and Trafford CCGs and the Area Team.

LEARNING POINTS FROM THE LMC/CQC - LEEDS MARCH 18TH 2015

For any practice wanting to understand more about the inspection process see

- CQC guidance for general practice http://www.cqc.org.uk/content/gp-practices-and-out-hours-service-providers
- Nigel sparrow – myth busters - http://www.cqc.org.uk/content/mythbusters-and-tips-gps-and-out-hours-services

We were asked to remind practices that anyone who tells practices they are from CQC and have consultancy services to sell are NOT from the CQC. Practices need to ensure that they do not fall for this!

The inspection is broken down into the following categories

- Safe
- Effective
- Caring
- Responsive
- Well- led.

Any practice that breaks down the information it shares with the CQC into these categories would be well regarded as being very organised – not least of all as it would assist the inspectors.

Contact us

Salford & Trafford LMC

Suite 3, 6th Floor St James's House

Pendleton Way

Salford

M6 5FW

0161 212 4120/4122

Email:

- Chief Executive vsimenoff@nhs.net
- Executive Assistant kerrie.rowlands@nhs.net
- Chair Iain.Maclean@nhs.net
- Joint Hon.Sec Myates2@nhs.net (Salford) Colin.kelman@nhs.net (Trafford)

Visit our website www.salfordandtraffordlmc.org.uk

After an inspection the draft report is written by the lead inspector. This is then subject to Peer review, then Regional Panel review, and if the proposed rating is inadequate, or outstanding, or there are decisions on the cusp, it goes to a national panel (chaired by Steve Field or Nigel sparrow). Once this process is completed the draft document goes to the practice for factual accuracy comment. Only factual accuracy comment should be submitted. If any practice is concerned by the delay in receiving a report they should contact the inspector directly. Don't infer from a delay that the practice will receive a difficult report. There could be any number of issues.

The first part of any inspection is an opportunity to tell the inspection team things of which the practice is proud, and also of the issues that the practice is addressing. The following information should be included:

- Demographics of patient list
- Organogram of the practice
- How services are tailored to meet the specific needs of the patient population – this will help to show that the practice understands its local population.

Practices do not have to show that they are PERFECT, but they do have to show that they are good enough. She advised that it is helpful to the practice that if they are facing particular challenges or problems that they flag this up – and ideally show that they have a plan and are working towards resolving these issues. Practices benefit during the entire inspection process if they are self aware enough to state that they have identified a particular problem; deal with it in a particular way, and have found that the outcome has been ..... (ie the Davidian Outcome Process).

The presentation given to the inspectors at the start of the inspection should last no more than 30 minutes. It was advised that the presentation be prepared before receiving information with details of a visit so that it can be finalised in the two weeks' notice that is given. The presentation should include evidence e.g.: Patient Participation survey, QOF etc. It was constantly stressed how important it is that ALL staff understand the processes relating to the practice, such as safeguarding, and know how to access and where necessary implement the policies. This shows that there is a cohesive team in place.

The inspection team size varies but always includes an inspector, and a GP from outside the area. For larger practices it may include a practice nurse or practice manager.

If practices want the LMC to be present during an inspection we

can be present as a shadow, but may be asked to leave during issues involving patient confidentiality. The most important part of the inspection when a practice may want to have their LMC present would be for the feedback at the end of the inspection.

Minor breaches will not determine the outcome of the inspection, but rather like if you stopped by the police because you have a broken brake light it may cause some concern and lead to added questions.

The following is a brief list of issues that have tripped up a number of practices, so please check and sort before any inspection:

- Out of date drugs (and ensure there is process in place to check them)
- Defibrillator charged and ready for use
- Sharps box is NOT within a child's reach – so lift it off the floor!
- Fridge thermometers are present and working
- GP bags are organised and the drugs are up to date too.

  He suggested walking around the surgery and asking oneself what the current state of the surgery says about the practice. This will enable practices to consider what CQC would infer if they saw it.

- DBS checks are in place for all locums, and check that they have adequate indemnity too

For the inspection to work well the team require a room to use for the whole day – so they can leave their personal belongings and also have a room for their own discussions and to give feedback. Whilst it is not necessary to provide lunch, they would welcome being given drinks through the day and information of where to get a decent sandwich at lunchtime.

It is unusual for them to inspect on a Monday, but they do inspect through the summer months as they expect that a normal service is being provided.

If a practice requests a ratings review once the report is received, this will be considered only if some aspect of the process was inappropriate. The report would be considered by an independent team headed by a lawyer and include factual accuracy checks, and a quality assurance process. The practice is not present and this is done by a paper trail.

After an initial inspection where there have not been major concerns they can do a focused inspection. It may even be a

desk based review if there is simply a question of a document being produced. They are very unlikely to want to inspect the entire practice again.

If a practice is deemed to be inadequate there is a management review meeting 2-3 days after to consider if there is a threat to patient safety. Practices will be advised what changes they need to make, and there may be a risk summit called (involving the Area Team and CCG as well).

Prior to the inspection the CQC contacts the CCG - CCGs vary in their responses, some share useful local information with inspectors and others do not.

Currently the CQC does not check during the inspection for a partnership agreement but they do view the practice as a whole and how the team works within it. Having a good agreement that everyone understands could form part of that. As an LMC we would strongly suggest that all practices have an up to date partnership contract drawn up by a lawyer with in-depth experience of general practice.

We hope you find this information helpful. If you require any further assistance please contact Vivienne Simenoff, Chief Executive, Salford and Trafford LMC on vsimenoff@nhs.net

IMPORTANT INFORMATION REGARDING NEISVAC - C VACCINE, BOOSTRIX IPV INJENCTION AND FLUENZ TETRA NASAL SPRAL SUSPENSION INFLUENZA VACCINE -.

NHSBSA Prescription Services is making practices aware that where vaccines have been centrally procured for the practice through Public Health England, they should not make a claim under personal administration arrangements to the NHSBSA on form FP34P/D Appendix or FP10.

NHSBSA Prescription Services has identified an increase in FP34P/D Appendix forms and FP10 forms claiming payment for Fluenz Tetra nasal spray suspension Influenza vaccine, NeisVac-C vaccine and Boostrix IPV injection where practices have later verified these have been centrally procured via a vaccine ordering facility, such as ImmForm. Practices must not submit payment claims for vaccines or injections obtained in this way to the NHSBSA.

An FP34P/D appendix or FP10 form should only be submitted for payment to cover the 'dispensing' of the vaccine for personal administration where the vaccine has been purchased by the practice.

Practices who have incorrectly submitted centrally procured vaccines to NHSBSA Prescription Services should contact nhsbsa.repricingrequest@nhs.net.

GENERIC PRESCRIBING OF PREGABALIN -

A generic version of pregabalin (Lyrica) is shortly to become available, but it only has a license for use in epilepsy and general anxiety disorder with the manufacturer's patent on use for pain control continuing.

The manufacturers have indicated their intention to enforce their patent through the courts, and anyone supplying generic pregabalin for pain control might be open to litigation. While this primarily affects dispensing doctors, others might be troubled by pharmacists seeking to confirm the indications for generic prescriptions.

The GPC would therefore advise doctors to prescribe Lyrica by brand when used for its pain control indication for the time being.

This advice is available on the BMA website prescribing page. NHS England has also published guidance which has been cascaded to practices.

NHS PRESCRIPTION CHARGE INCREASE FROM APRIL 1ST -

The prescription charge in England will increase by 15p from £8.05 to £8.20 for each medicine or appliance dispensed as from 1 April 2015. More about this is available on the Prescribing pages on the BMA website.

THE NATIONAL CKD AUDIT-

Detection of chronic kidney disease (CKD) in primary care allows identification of people at higher risk of developing 'end stage' kidney disease, acute kidney injury and cardiovascular disease. There is an important balance between the identification and management of risk and a prudent approach to minimise over-medicalisation.

To inform understanding and encourage better identification and management, NHS England and the Welsh Government have jointly funded a National CKD clinical audit. The audit has been commissioned by the Health Quality Improvement Partnership and is being undertaken by BMJ Informatica.

The aim of the audit is to improve the identification and treatment for patients with CKD. One of the key features of the audit is the serial collection of data on kidney function over time, which will help practices to identify patients with CKD and optimise the care provided to those patients already on the CKD register.

The audit will run automatically so requires no extra work once it is installed. Practices are encouraged to participate so that their data can contribute to the national picture of CKD care. The software also includes an optional Quality Improvement (QI) tool for practices, providing in-consultation computer prompts and lists of patients who potentially need recoding.

VACCINATIONS AND IMMUNISATIONS GUIDANCE AND SERVICE SPECIFICATIONS

The Vaccination and Immunisation programme 2015/16 – Guidance and Audit requirements and the Technical requirements for 2015/16 contract changes have now been published on NHS Employers Vaccs and Imms pages. The service specifications for Childhood flu, Seasonal influenza and pneumococcal, MenC freshers, Pertussis (pregnant women) and Shingles (catch up) vaccination programmes are available from the NHS England Commissioning page.

The BMA website vaccinations and immunisations page has also been updated to reflect the changes for 2015/16 and has links to all the guidance documents and service specifications.

If you have any questions please email Catharina Ohman-Smith - cohman-smith@bma.org.uk