

REMOVAL OF PATIENTS FROM PRACTICE LISTS

Liverpool PCT has recently been investigated by the Health Service Ombudsman regarding the removal of a patient, by Central Operations, Mersey, from a succession of practice lists. Whilst some practices had removed the patient following a robust process, which included warning the patient where appropriate, a couple of practices had no documentation to support the removal.

The PCT now believes that it has no option but to seek assurances from practices that they are adopting the correct process, as described in Paragraph 20 of the NHS (GMS Contracts) Regulations, or equivalent paragraph within PMS contracts.

Colleagues are reminded that Paragraph 20(3) states that "*... a contractor may only request a removal under sub-paragraph (1), if, within the period of 12 months prior to the date of its request to the Primary Care Trust, it has warned the patient that he/she is at risk of removal and explained to the patient the reasons for this*". This does not apply to immediate removals in the event of violence in which the police have been involved.

Colleagues having any concerns or requiring advice regarding an impending removal, should contact the LMC.

SIGNIFICANT EVENT ANALYSIS

Periodically, the LMC receives information from practices of "system" problems following a significant event analysis.

The LMC is pleased to receive the outcome of SEAs, especially in situations where other practices could benefit from the learning points. The LMC is aware that the PCT would also like to receive details of such analyses more frequently than it does at present, at the end of the QOF year end.

EXPERT PATIENT

Attached with this newsletter is an information sheet regarding the expert patient programme. Colleagues requiring any further information should contact Dr Katy Gardner 07810 768745. [\[Document attached\]](#).

1b Greenbank Road
Liverpool, L18 1HG
Tel: 0151 522 1122
Fax: 0151 522 1125
rob.barnett@liverpool-lmc.org.uk

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Electronic Attachments

- * [Your Choice Of GP Practice](#)
- * [CQC Quick Guide To Registration](#)
- * [DOH Letter - 084 Numbers](#)
- * [GPC Guidance 084 Numbers](#)
- * [GPC Guidance Vetting & Barring Scheme](#)
- * [GPC Guidance Disability Discrimination Act](#)
- * [GPC Guidance Extended Hours](#)
- * [GPC Guidance Future of Practice Premises](#)
- * [Focus On New Tax Brackets](#)
- * [GP Trainees E-Bulletin Feb 2010](#)
- * [GP Trainee Newsletter Spring 2010](#)
- * [Sessional GPs Newsletter](#)
- * [HPA Post Exposure Measles Letter](#)
- * [V & I Measles Guidance](#)
- * [Expert Patient Leaflet](#)

SUMMARY CARE RECORD

Following representation by GPC and the BMA, the accelerated roll out of the Summary Care Record has been suspended until there has been a proper, satisfactory, information campaign for both the public and for professionals. It has been accepted by Connecting For Health that the process adopted, at its insistence, by PCTs (including Liverpool) was flawed.

In the mean time, colleagues are still advised to code patients' records with Read code 93C3 if patients do not wish to have clinical information uploaded onto the Summary Care Record.

LIVERPOOL LMC

The new Committee for Liverpool LMC for the year 2010-2012 is as follows:

Dr R N Barnett (Secretary)	Dr P Lakhani
Dr J Birch	Dr J Mahadanaarchchi
Dr A K Bose	Dr H McKendrick (Chair)
Dr M Burns	Dr S Mittal
Dr B Das (Vice-Chairman)	Dr T K Rastogi
Dr M F Duffy	Dr M C B Renton
Professor M Gabbay	Dr S Rose
Dr E Gaynor	Dr S Sarker
Dr S Ghose	Dr B Schmidt
Dr S Goyal	Dr C Sendegeya
Dr J C Graham (Treasurer)	Dr B K Sinha
Dr A Gupta	Dr M Smith
Dr V Harvey	Dr P Spofforth
Dr V W Ho	Dr A Taylor
Dr A Kukaswadia	

In addition, the LMC hopes to co-opt representatives from local Secondary Care Trusts, the Medical Directors from Liverpool PCT and Liverpool Community Health, as well as representatives from Public Health Department and the Department of Primary Care at Liverpool University.

The next election is scheduled to take place during February/March 2012.

RARE LANGUAGES - USE OF INTERPRETERS

The LMC has recently been in discussions with Liverpool PCT regarding the use of interpreters. The PCT has reported that its costs for interpreting services has been rising exponentially, and unfortunately, for some rarer languages, it has been necessary, on occasions, to pay for interpreters to travel from London, to Liverpool. The situation has then been exacerbated by patients subsequently failing to attend for their appointment.

Whilst the LMC believes that using interpreters in person is the more preferable option, there will be occasions when it might be more practical or cost effective to resort to the use of Language Line.

HPV VACCINATION CAMPAIGN

Data on vaccinations provided up to March 2010 has shown that for the last year's campaign, aimed at last year's 17-18 year olds, 66.6% received a first dose, 61.9% a second dose and 49.3% a third dose of vaccine.

As the Local Enhanced Service has been rolled over, it is hoped that colleagues will continue to strive to complete the vaccination course for eligible young women.

The statistics for 16-17 and 17-18 year olds are somewhat disappointing, although this will be on account of the Swine Flu vaccination campaign and should hopefully now improve.

	1 st Dose	2 nd Dose	3 rd Dose
16-17 year olds	27.4%	21.8%	4.0%
17-18 year olds	32.6%	27.1%	7.6%

The LMC has been advised that the current LESs in respect of HPV for both under and over 16 year olds will be continued into the 2010/2011 financial year.

HPV VACCINATION STATUS - OPEN EXETER

Colleagues will have received an e-mail, from the PCT, regarding a requirement that practices upload vaccination details on 17 and 18 year olds to the Open Exeter system. This instruction came with details on how to extract data from computer systems and then upload the data to Open Exeter with a requirement that this was undertaken by 30 April 2010.

A number of colleagues have raised concerns regarding this and accordingly, this matter has now been taken up with the PCT. In view of the other pressures on practices in relation to data extraction, together with the withdrawal of IT facilitators, the LMC believes that the time scale given for this exercise is too short and that support must be given to practices to assist in the process, should practices require help.

Colleagues having any concerns should contact the LMC office.

FAECAL OCCULT BLOOD TESTS

Liverpool LMC has been advised that Gastroenterologists at Liverpool hospitals have determined that Faecal Occult Blood testing is no longer a useful diagnostic test for colorectal symptoms (although it will remain as a screening tool as part of the Faecal Occult Blood screening programme).

DIALIP

Colleagues will be aware that the North Mersey Diabetic Network is now recommending that diabetic patients should not, under normal circumstances, need a fasting lipid profile. An appropriate non-fasting lipid profile is available by requesting DIALIP on ICE.

INDIVIDUALLY PREPARED MEDICINES

It would appear that colleagues are, on occasions, inadvertently prescribing medicines which require *special* preparation. Invariably, they are prepared for an individual patient and are often outside a product licence. An example of this would be Omeprazole liquid 20mg/5ml, which could be more appropriately supplied as either Omeprazole tabs (MUPS) which disperse in water or even Lansoprazole fast tabs, which may be more appropriate for patients with a peg tube.

In the 6 months from April - October 2009, the following liquid medicines were specially prepared:

Midazolam Liq Spec 50mg/5ml	£44,699.34
Simvastatin Liq Spec 20mg/5ml	£42,411.35
Simvastatin Liq Spec 40mg/5ml	£29,959.13
Dipyridamole Liq Spec 100mg/5ml	£28,522.52
Gabapentin Liq Spec 250mg/5ml	£22,994.71
Omeprazole Liq Spec 20mg/5ml	£19,458.54
Melatonin Cap 2mg	£18,441.04
Amlodipine Liq Spec 5mg/5ml	£15,151.47
Lorazepam Liq Spec 500mcg/5ml	£14,911.21
Chloral Hydrate Liq Spec 500mg/5ml	£13,821.93

Colleagues are asked to consider contacting Medicines Management if they are specifically requested to prescribe an unlicensed liquid formulation.

INCENTIVES TO REFER

Colleagues are respectfully reminded that the GMC's Good Medical Practice notes that doctors should not accept any inducement, gift or hospitality which may affect, or be seen to affect, the way they treat or refer patients.

The GMC has also issued guidance on conflicts of interest which makes it clear that GPs should avoid any possible conflicts of interest (for example, receiving a fee for educational material or equipment, in return for a referral). Colleagues should bear this in mind if they receive invitations to refer patients for services, in return for a fee.

GP SICKNESS

Colleagues are respectfully reminded that if they have been signed off as unfit for work, through ill health, it is inappropriate, under normal circumstances, for them to continue to work in another part of the service.

If colleagues are unsure as to how to proceed during a period of illness, confidential advice is available from the LMC.

VULNERABLE CHILDREN

Liverpool PCT recently reported on the baseline survey that was undertaken in relation to some potential safeguarding issues for vulnerable children. An analysis did indicate that many practices were recording information noting non-attendance of children at out patient clinics, being on a child protection register and if the child was looked-after.

The LMC noted that whilst Read codes were available to cover some situation, some scenarios currently did not have a Read code.

The Committee noted the following RCGP recommendations in respect of recording information:

- * Abuse in the child or any other child in the household.
- * Whether the child or any other child in the household is/has been subject to Child Protection.
- * Basic family details (including individuals who may not live with, but have regular contact with the child).
- * Significant family illnesses or problems in the family (parental substance misuse or mental illness).
- * History of domestic violence in the household.

The following Read codes may be helpful:

9N4H Patient DNA hospital appointment.
 9N4G Patient DNA psychiatric/mental health appointment.
 13IM Child protection plan.
 1310 No longer subject to CCP.
 131F Vulnerable child.
 131B Child in care/looked-after.
 128Z FH mental disorder.
 1282 FH alcoholism.
 1283 FH drug dependency.

The LMC believes that using 131F may be the most appropriate initial Read code to be used, if colleagues had any concerns, to highlight a vulnerable child.

VULNERABLE CHILDREN - SHARING INFORMATION

A recent *Safeguarding Children Board*, which involved both Liverpool and Sefton PCTs, highlighted problems with communication between agencies and professionals in relation to services provided for children. It also noted that an issue in relation to a parent's health had not been made known to other agencies.

Although colleagues may appropriately Read code a patient's medical record, there may be instances in which it is important to Read code, or place an alert, on a sibling's or parent's record, as well as share information, as appropriate, with a midwife, health visitor or Social Services. In relation to this, practices should be receptive to requests from Social Services, for information which may have an impact on safeguarding matters.

Whilst it is easy for others, in serious case reviews, to be critical of the actions of GPs and their teams, when patients have come to harm, it is important that if there is a suspicion of a potential safeguarding issue, efforts are made to act in the best interests of the child, despite the problems caused by fragmented practice attached teams.

USE OF LOCUMS/FREELANCE GPs

Colleagues are reminded that, even though a prospective locum/freelance doctor should be on a Performers List, the practice has a duty to ensure that any doctor working in the practice is licensed with the GMC, has appropriate medical defence organisation insurance, as well as being on a Performers List.

Colleagues are also requested to ensure that locums are paid promptly, as late payment could have an adverse effect on an individual's pension contributions.

INCLUSION MATTERS, LIVERPOOL

Over the past 16 months colleagues have been raising concerns regarding the provision of counselling and psychotherapy services, provided by Inclusion Matters, Liverpool.

Despite Liverpool PCT trying to address these concerns, colleagues have not noticed much improvement in services provided for patients. The PCT has now established a clinical engagement group, on which there is LMC representation. This group has been examining the referral process and the handling of cancellations/DNAs. A package is currently being agreed with Inclusion Matters, which will see new referrals, made on or after 10 May 2010, to the service being managed in a streamlined, transparent manner. In addition, the backlog of referrals will be managed appropriately with a view to, hopefully, seeing patients on that waiting list, within 3 months.

The clinical engagement group believes that the process needs to be observed closely. Accordingly, practices will begin receiving regular updates on patient opt in/opt out statistics, as well as on patients who have cancelled or DNA.

To aid the process, colleagues are asked to not only ensure that their referral forms are fully completed, but also ascertain or confirm whether patients would like to hear from IML, initially, by telephone or text, rather than letter. It may be also be helpful to include dates that patients may be unavailable, or preferred days of being seen.

Colleagues are asked, at the present time, not to alter referral habits, or re-refer patients already on the waiting list, unless there are pressing clinical needs.

If this new way of working does not dramatically improve the situation within the next couple of months, Liverpool PCT will carefully consider its options in relation to current provision of the service. It is important that the LMC is kept informed of concerns.

BREAST FEEDING EQUALITY ACT 2010

The new Equality Act 2010, which received Royal Assent on 13 April 2010, strengthens the Sex Discrimination Act 1975, in that it gives protection to mothers of young babies, in respect of breast feeding.

In essence, the Act makes it clear that it is unlawful to prevent a mother from breast feeding in public places. As part of the process in promoting the benefits of breast feeding, Liverpool PCT will be launching its "Breast Milk Is Amazing" strategy in June 2010.

EMERGENCY TRANSFER TO HOSPITAL

The LMC was recently advised of a situation in which a patient, having contacted a practice, was appropriately advised to request an emergency 999 ambulance. Unfortunately, the call was triaged by the ambulance service and referred to NHS Direct. It was only some hours later that the GP became aware of the fact that the patient was still at home. Needless to say, the patient was then urgently transferred to hospital.

Following an analysis of what transpired, the handling of calls by the North West Ambulance Service (NWAS) was recently reviewed. Call handlers for NWAS follow algorithms, dependant upon what they are told, for calls made by patients or members of the public. Unless certain key words are used the patient may be triaged in a manner not expected by a GP. If a patient complains of chest pain, an ambulance will be despatched, for other symptoms, this may not be the case. If, however, a GP (or practice) makes the call, an ambulance will always be despatched

Consequently, if a colleague receives a call from a patient, which it is believed requires urgent transfer to hospital, colleagues are advised to either make the call to the ambulance service themselves, or, if they advise the patient to call 999, then they should contact the patient again some minutes after such a call is received, or ask the patient to contact the practice to confirm that an ambulance has been despatched.

IMPROVING STANDARDS MATRIX

Liverpool LMC has been involved with reviewing the update to the Improving Standards Matrix, which is being used by Liverpool PCT, with effect from 01 March 2010. Whilst the LMC has had concerns about some of the information being collated and some of the quartile ranges, the PCT has assured the LMC that the targets being measured, in the majority of cases, are the same as in previous years. The LMC has been advised that the PCT will be using the new matrix within its contract monitoring process with all Contractors, including PCTMS and APMS practices. The LMC will be involved in assisting practices, when required.

GENERAL PRACTICE SPECIFICATION

Along with PBC, Liverpool LMC has been involved with discussions regarding a possible specification for General Practice, in Liverpool, which would assist in delivering the Out Of Hospital Program, as well as reduce some duplication of provision of service within the Liverpool health economy. Whilst discussions have been constructive and amicable, the LMC has strongly advised the PCT that any additional work within general practice will need to be adequately resourced, irrespective of a practice's contractual status. The LMC agreed that once more information was available, and the funding discussions had been resolved, an Open Meeting of the LMC would be held so that all colleagues could fully understand what was being offered, as well as what was being expected, by the PCT.

EXTENDED HOURS

Liverpool PCT has indicated that it intends continuing its existing Local Enhanced Service for Extended Hours for 2010/2011 and will be offering the LES to practices not currently signed up to provide the service.

111

A new national number - 111 - is currently being piloted in the North East and East Midlands areas, for non-emergency healthcare. Reproduced below, is an extract from the press release regarding the pilot:

"The new 111 service will effectively assess callers' needs to ensure they receive the right service, first time. It will route patients to a locally available service or provide appropriate advice and information.

The NHS across England offers a range of options for accessing non-emergency health care. Services such as Walk-In Centres, Out Of Hours GP services and Minor Injury Units, mean patients now have more choice than ever before when they need non-emergency health care. However, patients are not always sure where to go for treatment when they need medical help, but the situation is not life-threatening - especially when away from home.

When someone calls 111 they will be assessed straight away. If it is an emergency, their call will immediately be passed to the ambulance service who will despatch an ambulance without the need of any further assessment. For minor illnesses and injuries, the 111 service will be able to provide immediate clinical advice. Should the caller need to see a GP, they will be referred to the nearest local centre".

CHLAMYDIA & SEXUAL HEALTH LES

Practices should recently have received information from Liverpool PCT in respect of an updated Chlamydia LES and an updated Sexual Health LES.

The LMC has been advised by Liverpool PCT, that the uptake of both LESs is somewhat disappointing. Colleagues are reminded that in respect of the Sexual Health LES, there is no requirement to be able to provide ALL the services listed. The PCT hopes that provision of implants and IUCDs will be available at least on a neighbourhood basis, whilst taking a full sexual history and providing HIV testing may be available in more practices. As part of its sexual health strategy, the PCT hopes that provision of sexual health services will become more widespread in General Practice and more readily available.

LOCAL ENHANCED SERVICES

Following representation from the LMC, Liverpool PCT has agreed to continue with the IM&T Local Enhanced Service for 2010/11. Colleagues who are part way through completing the various parts of the LES should use the opportunity to complete the LES within this financial year.

Although the actual basis on which practices will be remunerated has not yet been agreed, Liverpool PCT has indicated that it will continue with the Choose and Book LES for a further year. Although there are still some minor difficulties with Choose and Book, the LMC is receiving far fewer complaints regarding the functioning of Choose & Book. Colleagues are reminded that the PCT is still encouraging use of Choose & Book, and the LMC would like to be kept advised of any difficulties encountered.