TO ALL LIVERPOOL GPs

Dear Colleague,

Revalidation

Colleagues will be aware of the importance of having an annual appraisal. Annual appraisals are essential in ensuring that sufficient supporting evidence is available for revalidation. Although using one of the available toolkits can make the process of appraisal easier, there is no legal requirement to use a toolkit.

The Merseyside Area Team for NHS England is holding an awareness session on Revalidation. This will be held on Thursday 2nd May 2013 from 1pm -3pm in the Princess Royal Room, Aintree Racecourse, Ormskirk Road, Aintree, Liverpool, L9 5AS (refreshments will be available).

To book the session please contact dawn.randles@liverpoolpct.nhs.uk

Please find attached a copy of the latest GMA guidance document of revalidation.

Notification of Death to CQC

The LMC is aware that there is, and has been, much confusion regarding interpretation of the requirement to notify CQC of the death of a patient. The situation appears to have been complicated further by the fact that the information being given out by CQC is inconsistent.

The Regulations state that patients need to be confident that deaths of people who use services are reported to the Care Quality Commission so that, where needed, action can be taken. Consequently, practices are required to notify the Care Quality Commission about the death of a patient where death occurs within two weeks of care being provided ***and*** where the death has or may have resulted from the carrying on of the regulated activity (ie care and treatment provided by the practice) ***and*** could not be attributed to the course which that patient's illness or medical condition would have actually taken if that patient was receiving appropriate care and treatment.

In essence, if a GP is treating a patient, and the death could be attributable to, for example the treatment being provided, then CQC needs to be notified. If the death was a natural, expected death, then CQC does not need to be involved. In other words, if treatment was inappropriate or the cause of death, CQC must be notified.

Prescribing

In recent months, a number or queries have arisen in relation to prescribing matters. Please find attached a GPC guidance document on Prescribing and a 'focus on' document on excessive prescribing.

Pharmacy Ordering

Towards the end of 2012, agreement was reached with the LPC regarding the role of the community pharmacist, when patients request repeat prescriptions. A few colleagues have subsequently advised the LMC that there have still been instances in which pharmacists have requested repeat prescriptions for patients who are either in hospital or have died. The LMC believes that if patients are not being

appropriately monitored by a particular pharmacist requesting repeat prescriptions, GPs would be within their rights to not accept prescription requests from that pharmacist until an assurance was received that the pharmacist was adhering to the agreed protocol.

Locum Superannuation

Colleagues will be aware, following changes to the GP contract that have been implemented this month (April 2013), that the burden of paying the 'employers' contribution to the Superannuation scheme has moved from the PCT to the practices. For GMS practices, there will be a small increase to the Global Sum Equivalent. It is expected that PMS and APMS practices will receive a similar increase.

Colleagues are respectfully reminded that they will be expected to pay the 14% employer's pension contribution *on top of* any locum fees when the GP is contributing to the NHS pension scheme. In effect, this equates to paying an additional 14% on 90% of the actual cost of the locum, as 10% of what is charged is regarded as covering expenses.

Locums, when providing an invoice will be expected to provide an invoice which details the employer's contribution separately. It will be the locum's responsibility to pass on the employer's contribution to the NHS Pensions Agency. A locum charging the employer's contribution, but not passing it to the agency would be considered to be committing a fraudulent act, which could be reportable to the GMC.

A GPC information leaflet is attached

NHS 111

Colleagues will be well aware of the problems that were encountered in March 2013 with the introduction of the new, non-emergency NHS helpline 111. Despite the problems encountered elsewhere in England, the North West decided to launch the service on 18 March 2013. By 19 March, it was clear that the service could not cope, and thankfully for patients and practices in Liverpool and the surrounding area, UC24 was able to resume the service that it had been providing prior to 18 March 2013. Colleagues also need to be mindful of the fact that 111 was being introduced because the Department of Health had demanded that the service needed to be operational by Easter 2013, and hence its introduction should not be blamed on those who tried to make the system work. Ultimately, the assurances given by NHS Direct, the service provider, failed to be delivered, and no doubt this failure will be handled as a 'breach of contract'.

The LMC is aware that practices may have incurred costs in altering their telephone systems to manage the change in service. It has been accepted by the CCG and Merseyside Area Team, that these costs can be recovered. The CCG is also collating information on patient experience with 111, especially in relation to difficulties experienced on 18 and 19 March 2013. Any information should be sent to **nw111merseycheshire.feedback@nhs.net**

Military Veterans

Colleagues are reminded that it would be helpful if 'Military Veterans' could be recorded on clinical systems. This will help to ensure that such patients receive preferential treatment by the NHs, where appropriate. The relevant Read Code is 13Ji

DWP Fit Note Guidance

Please find attached information on the use of GP fit notes. This has recently been published by the DWP.

Changes to QOF and the new Directed Enhanced Services

Colleagues will be aware of the changes that have been imposed upon GPs in relation to QOF. These will not only increase workload, but will see a reduction in practice income. Please find attached a summary of the QOF changes for 2013/14. In particular, it is important to note where thresholds have changed, or where there has been a 'minor' alteration in wording. Some of the 'minor' alterations have been as a result to decreasing the measurement time period from 15 months to 12 months.

The LMC is currently working with both the CCG and Area Team to ensure that DESs are available as soon as possible, so that practices can decide whether to participate in them. The potential requirements of both the dementia DES and the Risk Profiling DES have been improved to the extent that, even though they will not attract much remuneration, they will be manageable. The LMC is anticipating that the Risk Profiling DES will fit in with the work that is already underway in Liverpool, in relation to Integrated Care, to the extent that practices, working in neighbourhoods on introducing Integrated Care working will have fulfilled the requirements of the DES. More information on this will be available shortly.

Ultimately, colleagues will need to make business decisions on which DESs and which parts of QOF are worth pursuing, in financial terms. Guidance from GPC available at

http://bma.org.uk/practical-support-at-work/contracts/gp-contract-survival-guide.

Puerperal Sepsis

Please find attached guidelines published by the Royal College of Obstetrics and Gynaecology regarding bacterial sepsis following pregnancy, in 2012. It would appear that there have been number of cases of bacterial sepsis locally, over the last few weeks, with one patient very rapidly developing life threatening sepsis to the extent that she was admitted to ITU. Also attached is the Eighth Report of the Confidential Enquiry into Maternal Deaths in the UK 2011 – in particular, the section entitled 'Back to Basics', page 17, would be worthwhile reading.

Colleagues having any queries regarding any items should contact the LMC.

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