

### GP APPRAISAL AND REVALIDATION

Some GPs have expressed concern regarding the Revalidation process, as it is being operated locally. For Revalidation to be successful, it is necessary for GPs to have provided evidence of having completed a colleague multi-source feedback and patient feedback, as well having undertaken Significant Event Analyses. Even though appraisals may have been undertaken, there may not have been evidence of some form of quality improvement activity or audit. The LMC is currently in discussion with the Responsible Officer to more fully understand how "quality improvement activity or audit" is being interpreted, locally.

In the NHS England (Merseyside) area, efforts are being made by the Responsible Officer's team to ensure that colleagues, for whom there is an imminent revalidation date, have all the necessary information for Revalidation to be completed. Whilst it should not be necessary to have an appraisal purely because the revalidation date is approaching, colleagues are advised to take the matter of supporting evidence seriously, and ensure that any evidence is appropriately discussed with their last appraiser. Failure to provide evidence in a timely manner will result in revalidation being deferred. Reference document attached [Document 01]

Colleagues having concerns regarding this matter are advised to contact the LMC.

### NHS 111 SERVICE

Colleagues will be aware, from both national and local media, of the ongoing problems with NHS Direct and NHS 111. Although 111 is working well in some areas, it is fraught with problems in other areas. The situation has not been helped by the fact that although it is a national service, NHS 111 is provided by 46 separate contacts.

In Liverpool and the surrounding area, where NHS 111 has not operated as expected, discussions are ongoing to try and ensure that an adequate NHS 111 service is commissioned.

In the meantime, if colleagues have patients who have been managed in a less than ideal manner by NHS Direct or NHS 111, it would be helpful if feedback could be provided to the CCG clinical leads at [nw111merseycheshire.feedback@nhs.net](mailto:nw111merseycheshire.feedback@nhs.net) sending a copy to [NHS111.feedback@nhs.net](mailto:NHS111.feedback@nhs.net)

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#### Electronic Attachments

- \* [1] [Supporting Information For Appraisal and Revalidation.](#)
- \* [2] [Electronic Records Quick Reference.](#)
- \* [3] [DBS Referral Guidance](#)
- \* [4] [DBS Referral Flow Chart](#)
- \* [5] [DBS Employers Referral Guide](#)
- \* [6] [DBS Referral Form](#)
- \* [7] [DBS Completing The Form](#)
- \* [8] [Clare Gerada Visit](#)

#### Reference Documents For Information

- [09] [CQC Consultation Document.](#)
- [10] [Shingles Vaccine Letter](#)
- [11] [Shingles Q & A](#)
- [12] [Green Book Chapter 28a](#)
- [13] [DES Audit Requirements](#)
- [14] [NW Ambulance Service Briefing](#)
- [15] [Independent Review - Liverpool Care Pathway](#)
- [16] [GPC Guidance - EOL Prescribing](#)
- [17] [GPC Guidance - 084 Numbers](#)
- [18] [BMA Guidance - QOF Clinical Changes](#)
- [19] [BMA Guidance - QOF Guidance 2013-14](#)
- [20] [BMA Guidance - Career Break](#)
- [21] [BMA GP Trainee Newsletter](#)

## **DO NOT ATTEMPT CARDIOPULMONARY RESUSCITATION (DNACPR) POLICY**

Over the last few months, discussions have been taking place across the North West of England, between the Ambulance Service, LMCs and hospital Trusts regarding the introduction of a unified DNACPR policy. When introduced, the policy would ensure that patients who have been appropriately counselled, and who have appropriately provided consent, would not be subject to an attempt to resuscitate when clinical grounds would suggest that such an attempt would be futile. The unified policy would also ensure that when patients transfer from one part of the NHS to another, there would be no need to re-counsel the patient unless their clinical condition changed or the patient changed their mind. The LMC is aware that some patients are already being discharged from some hospitals with appropriate DNACPR forms, or have made advance directives in relation to resuscitation, and these should be respected.

The proposed policy has had input from the BMA Ethics Committee, and it is anticipated that it will be introduced in the Autumn. Appropriate information including leaflets and forms, together with suitable training will be available to practices, nearer the time.

## **MEDICAL RECORDS ON CD**

Whilst many practices are able to send and receive medical records via GP2GP transfer, many are still having to be sent using Lloyd George paper systems. There have been some instances in which practices have received a new patient's record on a CD. Practices should be aware that CD transfer of records is not a preferred method of transfer and the receiving practice can insist that a paper copy of the records is forwarded to them.

Further information regarding transfer of medical records is available in "The Good Practice Guidelines for GP electronic patient records v4 (2011)" (fully copy available upon request - quick reference guide attached) [document 02].

## **DISCLOSURE AND BARRING SERVICE (DBS)**

In December 2012, the Disclosure and Barring Service was formed from the merger of the Criminal Records Bureau and the Independent Safeguarding Authority. If an employer dismisses or removes an employee from a regulated activity because they have harmed, or posed a risk of harm, to a child or vulnerable adult, there is a legal duty to refer the person to the DBS.

Attached are guidance documents regarding the DBS [documents 03, 04, 05, 06 and 07].

## **MILITARY VETERANS**

Colleagues are reminded that all military veterans are entitled to priority access to NHS hospital care for any condition, as long as it is related to their service. Accordingly, military veterans should be suitably identified in medical records with the relevant Read Code, **13Ji**.

## MMR

Since the end of April 2013, there has been a short-term LES in place in respect of immunising 10-16 year olds who have not previously received two doses of MMR.

The LMC recently received information that only 43 practices in Liverpool had signed up to the LES, however an additional 171 children had been vaccinated as part of the campaign. It is important that if any immunisations are given to children, these are notified to the Child Health Information System.

If you have not already signed up to the DES, but wish to do so, more information is available from Sharon Howard at NHS England (Merseyside) [sharon.howard@liverpoolpct.nhs.uk](mailto:sharon.howard@liverpoolpct.nhs.uk)

## GENDER IDENTITY DISORDER SERVICES

Colleagues may be aware that the Sexual Health Directorate and Psychosexual team at Abacus has been commissioned to set up a support and assessment service for Trans Gender patients who are registered with GPs in Liverpool, Sefton and Knowsley.

The service has been developed in conjunction with the Trans Community and MerseyCare and aims to offer support, information and counselling for patients with Gender Dysphoria, their families and partners. The service is offering up to 4 one hour sessions for assessment/counselling following which a letter/report will be sent to the referring GP. The service has direct referral links to Addaction, Inclusion Matters, Fag Ends, LCAS and Imagine as appropriate. Patients can also be signposted to local Trans groups, if appropriate for an individual's needs. In addition, the service can offer up to 6 psychosexual counselling sessions if required.

Some of the patients seen will be wanting to explore gender change further, requesting referral on to a Gender Identity Clinic (GIC) usually Charing Cross, Nottingham or Leeds. These patients will be offered an appointment for a Psychiatry assessment by MerseyCare. Patients are encouraged to accept this offer as the GICs often prefer this to have taken place prior to referral. The service has a direct referral pathway and GPs will not need to make this referral. It is hoped that this service will be of benefit to Gender Dysphoria patients whatever their aims, but also to GPs, many of whom wish to support their trans patients but may feel they lack the time and/or experience in this area.

Further information on this service is available from Abacus (0151 284 2500). Patients can be referred to Dr Nicola Carter, Central Abacus, 40-46 Citrus House, Dale Street Liverpool L2 5SF, using the general Adult Referral form.

## SHARED CARE SERVICES FOR SUBSTANCE MISUSERS

Colleagues will be aware that there has been a recent change in government policy such that services are now expected to try and take patients off long term methadone maintenance encouraging abstinence rather than maintaining patients on methadone long term. Liverpool has a long history of providing shared care services for substance misusers and on 19 September 2013 Dr Clare Gerada, Chair of Royal College of GPs will be visiting Liverpool to discuss the future development of primary care based medical treatment for substance misusers. Further details about the visit are on the attached letter [document 08] from Liverpool City Council. Colleagues working in shared care, as well as those who might have an interest in the matter, are invited to attend.

## **EUROPEAN MEDICAL DIRECTORY**

The LMC has been advised that a number of practices have recently received correspondence requesting an update to the information that is listed in the European Medical Directory. Some colleagues have inadvertently completed the form and signed the document without reading the small print which states that the form is actually an order form and the cost of the publication amounts to 1,057 Euros (excluding VAT) per year. Unfortunately, signing the form constitutes "a legally binding contract". Colleagues are advised to take care when responding to any requests from the European Medical Directory.

Colleagues having any concerns should contact the LMC office.

## **CHILD AND ADOLESCENT MENTAL HEALTH - SINGLE POINT OF ACCESS**

Colleagues are reminded that there is now a simple route to the child and adolescent mental health service via a single point of access telephone number 0151 293 3662.

Any referrals made to CAMHS via the single point of access will be triaged with a view to determining whether the patient requires an urgent or routine appointment. A telephone advice line is available for GPs and other referrers to discuss concerns in person.

Colleagues are reminded that whilst CAMHS does manage care up to 18 years, new referrals for anyone aged 16 or over would usually be expected to be made via Merseycare.

## **PAYMENTS TO PRACTICES**

The LMC is aware that practices have experienced a change in the way payments are received from the NHS. This is, in part, on account of the fact that instead of receiving payments from a single source, the PCT, payments now come from several different sources - the CCG, NHS England, and the Prescription Pricing Authority. In addition, instead of payments being made by Central Operations, Mersey, payments are now made through Shared Business Services (SBS). Whilst COM only required 2 days notice to effect a payment, SBS requires 5 working days, and will only make certain types of payment on particular days of the week or month.

The LMC has been working with COM to ensure that there is an effective system in place to ensure that practices receive their advance payments mid month, with the balancing payment before the end of the month. Practices may still receive more than 2 payments per month, however COM has agreed to ensure that, where possible, the source of the payment can be clearly identified, to enable payments to be accurately checked.

## **NEW CHAIRMAN OF GPC**

Following elections at GPC on Thursday, 18 July 2013, Dr Chaand Nagpaul was elected as Chairman of GPC. The following were elected as GPC Negotiators and join Dr Dean Marshall (who was not up for re-election this year): Dr Peter Holden, Dr Beth McCarron-Nash and Dr Richard Vautery.