

LMC ELECTIONS 2014-2018

Colleagues are respectfully reminded that there are 14 vacancies on the LMC for 2014-2018. The closing date for nominations is noon on 14 February 2014. Anyone interested in standing for the LMC should ensure their nomination form is returned to Clare O'Toole, Returning Officer by noon on 14 February 2014.

Nomination forms, as well as copies of letters from the Returning Officer and the Secretary, can be downloaded from Liverpool LMC's web site: <http://www.liverpool-lmc.org.uk>

Do Not Attempt Cardio Pulmonary Resuscitation

As you will be aware, the DNACPR policy for the North of England came into effect on 3 February 2014. This policy ensures that there is a single approach to managing patients who have been counselled and consented to not being resuscitated under certain circumstances. If operated effectively, it will enable doctors, nurses and paramedics to act appropriately and allow individuals to die with dignity, when the time comes.

Circulated with this document are:

- * The current unified (DNACPR) Adult policy.^[01]
- * Presentation - How to complete the form.^[02]
- * Conversation Flow Chart.^[03]
- * Easy Read Leaflet.^[04]
- * E-Learning Presentation.^[05]
- * LCCG FAQ Document.^[06]
- * Making A CPR Decision Flowchart.^[07]
- * Presentation - Unified Adult DNACPR.^[08]

Colleagues may find it useful to look at the E learning presentation, which is very informative.

MMR CATCH UP CAMPAIGN

NHS England has indicated that following the recent catch up campaign for MMR vaccination in 10 - 16 year olds, over 92% of this cohort have received at least one MMR vaccination. Colleagues are reminded that the Enhanced Service for this catch up campaign is still in existence and applies to 10 - 16 year olds who have either received no MMR vaccination, or only one MMR vaccination.

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Electronic Attachments

- * [\[01\] DNACPR - Final Policy](#)
- * [\[02\] DNACPR - Complete Form](#)
- * [\[03\] DNACPR - Conversation Chart](#)
- * [\[04\] DNACPR - Leaflet](#)
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- * [\[09\] Repeat Rx Policy](#)
- * [\[10\] BMA FAQ Contract Changes](#)
- * [\[11\] Back Pain - Dr O'Brien Report](#)
- * [\[12\] Back Pain - Overview](#)
- * [\[13\] Back Pain - Keel StarT Tool](#)
- * [\[14\] Care.Data - Patient Leaflet](#)
- * [\[15\] Care.Data - GP FAQ](#)
- * [\[16\] CQC - A Fresh Start](#)

Documents Also Circulated:

- * [\[17\] NHSE Single Operating Model](#)
- * [\[18\] NHSE DDRB 2014](#)
- * [\[19\] Planning & Delivering Service Changes](#)
- * [\[20\] BMA - Developing General Practice](#)

REPEAT PRESCRIPTION ORDERING BY PHARMACISTS

Following on from the recent drive by Liverpool CCG to support practices in situations in which pharmacies have appeared to either order repeat prescriptions for patients who are not in the community or have ordered medications that the patient did not require, a meeting has recently taken place with the Secretary of Liverpool LPC regarding the matter. As a consequence the "Principles for Pharmacies Ordering From GP Practices", which were agreed in 2012 have been updated. A copy of the new agreement, which has been endorsed by the LMC, has been attached.^[09]

Colleagues will be aware that the electronic prescription service, version 2 (EPS 2) has now been introduced in Liverpool and will be gradually rolled out to all practices which have the appropriate clinical systems in place. As a requirement within EPS 2, the dispensing pharmacist has a duty to ask the patient, prior to dispensing the medication, whether it is required. This will eventually help to reduce un-necessary waste.

CHANGES TO THE GP CONTRACT

As colleagues will be aware, there will be some fundamental changes to the GP Contract implemented from 1 April 2014. There was a recent open meeting regarding this matter and there will be a meeting for practice managers on the afternoon of 27 February 2014.

A number of questions were raised at the open meeting regarding the changes, in particular in relation to what was meant by patients aged 75 and over having a named GP. Guidance in relation to this matter is awaited from GPC as certain aspects related to implementation are still subject to negotiation.

Concern was raised regarding the introduction of the friends and family test. As practices will be required to report on this monthly, it is anticipated that as happens in secondary care, practices will be obliged to ask a certain number of patients as to whether they would recommend their GP surgery to family and friends. It is expected that guidance will be available on how to undertake this task with the minimum disruption and bureaucracy shortly.

In respect of Choice of GP practice, colleagues are reminded that this will be voluntary. There will be no contractual requirement to take on patients who live outside the practice boundary.

Attached is a recently produced guidance document from the BMA on the changes.^[10]

MANAGEMENT OF BACK PAIN

The LMC recently received a presentation on the management of back pain and in particular the use of the Keele STarT Back Screening Tool. The Committee felt that this was a helpful tool and supported its use by colleagues. The LMC noted that support for management of back pain is variable depending on whether patients are referred to the AQP back pain physiotherapist service or MCAS. Work is currently on-going to review the various packages of care that are on offer for patients according to the risk levels of back pain. Please find attached some background information^{[11]&[12]} in relation to the screening tool, together with the Keele STarT Back Screening Tool.^[13]

INFORMATION GOVERNANCE - CARE.DATA

Colleagues will be aware that NHS England has recently been undertaking a awareness campaign which has involved posting leaflets to every household in the area. A copy of the leaflet is attached.^[14] There is some concern that the leaflet may not have been obvious in some households and may have been discarded, along with other material, which some people will have considered as junk mail. Nevertheless there has been publicity in recent weeks regarding Care.Data and practices may receive requests from patients to either withhold information going to the Health & Social Care Information Centre (Read code 9Nu0) and/or dissent to information being disclosed by the Health & Social Care Information Centre (Read code 9Nu4). An updated *Frequently Asked Questions* document is also attached.^[15]

The LMC is aware that some practices have considered "opting out" all their patients. Colleagues are respectfully reminded that the provision of information to the HSCIC is governed by the Health and Social Care Act and, as such, applying the relevant Read codes should only be undertaken with the express consent of the patient, parent, or guardian.

DIABETIC RETINOPATHY SCREENING

The LMC has been advised that less than 50% of Liverpool practices have agreed to participate in a research project regarding the screening interval for diabetic retinopathy despite having received a number of requests from the Researchers regarding the project. For the research project to be worthwhile the Researchers would like the vast majority of practices to participate. Reproduced is the item that appeared in the last LMC update.

"A research project, examining the screening interval for diabetic retinopathy screening, which was undertaken in six GP practices in Liverpool has shown that it may not be necessary to undertake diabetic retinopathy screening on an annual basis. To allow that project to take place, the then, Liverpool PCT agreed that if patients were enrolled in the project, practices would not be adversely affected in relation to QOF.

The scope of the project has been widened with a view to bringing more patients within the study, and the researchers would like all practices in Liverpool to agree to participate in the study. Liverpool LMC sought clarification from NHS England that the previous agreement with Liverpool PCT would be extended for the duration of the project. NHS England has agreed that for practices participating in the study, QOF will be unaffected if patients are assigned to a group which has a screening interval of greater than one year. As a result of this, the LMC felt able to continue to support the project".

Colleagues having any concerns regarding this, or requiring any further information, should contact Professor Mark Gabbay: m.b.gabbay@liverpool.ac.uk

DATA SHARING AGREEMENTS

Whilst the vast majority of practices do complete and return data sharing agreements, the LMC understands that there are a number of practices that consistently have difficulty supporting their use.

All data sharing agreements are considered and reviewed by the LMC, and any that are circulated to practices will have been through the Committee. The LMC is in the process of compiling a list of all the sharing agreements which it hopes to place on the LMC web site in due course.

In the mean time, if any colleagues have any concerns about any particular agreements, please do not hesitate to contact the LMC office.

CARE QUALITY COMMISSION

Following on from the first wave of CQC inspections, and the subsequent adverse GP publicity, CQC is now embarking on "A Fresh Start For The Regulation And Inspection Of GP Practices And GP Out Of Hours Services". CQC has produced a document^[16] explaining how it is planning to regulate and inspect practices from April 2014.

In the meantime, GPC will be meeting with CQC to express its concerns regarding the publicity that CQC gave following the adverse outcome to one or two practices in Autumn 2013, without notifying the practices of their intention.

CERVICAL CYTOLOGY

NHS England, Merseyside, has recently been looking at the exception reporting rates for cervical cytology screening across Liverpool, Sefton, Knowsley, St Helens and Halton. In Liverpool the exception reporting rate varies from 1.9% to 28.6%. Whilst there is no suggestion that women are being exception reported inappropriately, there is concern that in some practices more than a fifth of eligible women are exception reported. NHS England is very likely to contact practices where the exception reporting rate is over 10% with a view to encouraging practices to audit their patients as when similar audits have been undertaken elsewhere it has been found that some patients have been permanently exception reported in error.

NHS England maintains a list of doctors and nurses who have been adequately trained, and maintained their skills, to undertake cervical cytology. The LMC has been advised that NHS England will be refreshing the list that it holds of trained and approved sample takers.

SAFEGUARDING AUDIT TOOL FOR GENERAL PRACTICE

Colleagues may recall having received a Safeguarding Audit Tool for use by the safeguarding lead to determine whether the practice had adequate arrangements and processes for managing safeguarding issues in practice. Some concern was raised that the audit tool was somewhat cumbersome and bureaucratic. It was noted that practices were expected to share their results with CCG/NHS England Safeguarding leads. Following a meeting that took place recently with Dr Margaret Goddard, named GP for Safeguarding in Liverpool, and neighbouring LMC secretaries, agreement was reached that the tool may be a useful internal aid to practices. It would be up to practices to determine whether they wished to share their results with the CCG named GP for safeguarding.

ALSO CIRCULATED:

NHS England - Controlled Drugs Supervision of Management and Use Regulations^[17]

NHS England - DDRB Review 2014^[18]

NHS England - Planning and Delivering Service Changes For Patients^[19]

BMA document - Developing General Practice - Providing Healthcare Solutions For The Future^[20]