



Kent Local Medical Committee

Supporting list based personalised care, the partnership model and meaningful collaboration

8 Roebuck Business Park, Ashford Rd, Harrietsham, Kent ME17 1AB
Tel. 01622 851197 Fax. 01622851198

Medical Secretaries Dr M Parks
 Dr J Allingham
 Clerk Mrs Liz Mears
Deputy Clerk Mr Carlo Caruso

LMC Advice

Secondary Care Work Transfer

Work transferred from Secondary Care should only be accepted where the resources necessary to carry out the work are transferred AND the GP practice is willing and able to undertake the work by putting the necessary facilities in place.

GP Practices have the absolute right to refuse to undertake work where:

- The task(s) is not an essential service requirement as part of the GMS/PMS contract
- The work has not been commissioned by the CCG
- The work has not been funded as a national or local enhanced service
- The work is more appropriately provided by Secondary Care or by a specialist

GP Practices are currently under considerable work pressures and are unable to undertake unresourced or inappropriate work that is outside their contractual responsibility, and which will, as a result, jeopardise the core duty of care to patients.

Where requests are received that fall into the above categories practices should inform the patient as appropriate and require the provider to provide the service. The CCG should also be informed.

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Inappropriate Prescribing Requests

GP Practices are reminded of the GMC duty of care to patients as set out in ***Good practice in prescribing and managing medicines and devices (2013)***. If GPs prescribe at the request or on the recommendation of another doctor they must be satisfied that:

- They feel competent and skilled to prescribe the specialist drug.
- Any shared care request requires the agreement of all parties including the patient
- The initiation of the drug should be done by a specialist, and the patient stabilised on the medication before being considered suitable for a GP to prescribe
- If the request is for the unlicensed use of a drug, it should be prescribed by a specialist who is able to take appropriate clinical responsibility

GPs should respond to requests by

- Asking the specialist to arrange for the patient to receive this medication via the hospital pharmacy or ideally via a hospital FP10HP
- Informing the specialist that the GP will be taking no further action,
- That the transfer of responsibility has not taken place.

The patient could then use the FP10HP to collect the medication from their local community pharmacy.



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Requests to follow up Investigations

GPs and Practices are not required to follow up investigations initiated in other settings without express agreement.

GMC guidance, sets out that it is the responsibility of the doctor requesting the investigation to take clinical responsibility to follow up and take appropriate action on the result unless you have agreed to take responsibility.

Practices should:

- Ask the hospital to review its policy on this issue,
- Ask the CCG to review the contracts with secondary care to ensure that they conform with GMC guidance
- Advise the clinician that the practice will be proceeding on the assumption the originating clinician be taking responsibility for reviewing and follow up

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Requests for Post-operative Checks

Post-operative checks that have not been commissioned as an enhanced service fall outside the remit of the General Practice contract.

The view of the LMC is that the best person to undertake such a review is the surgeon who knows what procedure was performed, any difficulties or complications that occurred during surgery, and what post-operative complications would be expected, if any. The LMC believes it is in the best interests of patients for the request to be refused and the patient returned to the surgeon that undertook the procedure.

Practices should ask their CCG to either institute an enhanced service or to ensure that secondary care providers do not request post-operative checks to be carried out in general practice.

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Discharge of Patients After One Missed Appointment

Requests for GPs to re-refer a patient as a result of a single missed appointment is not appropriate. Many GP appointments are wasted as a result.

Practices should:

- Request secondary care providers to review their policy
- Routinely send patients a further appointment, or
- Allow patients to reinstate their missed appointment within a specified time.

Practices should send details to their CCG to seek changes to their contracts with providers and advise their LMC representatives.

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Inappropriate workload transfer from CCG

Where practices are requested by their CCG to undertake what they consider to be inappropriate work we would ask practices to:

- Inform the LMC office as soon as possible
- Inform the LMC representatives for your CCG area
- Inform the appropriate CCG officer that you will not be undertaking the work until it has been discussed with the LMC

The LMC office will seek to confirm that the work is inappropriate and will seek to raise the issue with the CCG at its next scheduled meeting

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Requests for Work Absence Sick Notes for Less than Seven Days

Practices are reminded that it is the responsibility of employees to self-certify for any absence from work through illness of less than seven days duration.

Practices are not funded to provide occupational health services for employers, or other institutions. We are aware that employers will often pressurise their employees to comply with rules requiring sick notes for each day of absence or to lose their entitlement to sick pay.

The provision of a certificate is a private service that the patient can be charged for. However this remains a waste of GP time and resources. Practices may wish to provide patients with a standard letter to say "the patient has attended the surgery, not seen by the GP as there was no medical reason for a consultation but that the GP has no reason to doubt that the patient was unfit to work with a self-limiting illness."

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