Kent Local Medical Committee Est. 1912
Supporting list based personalised care, the partnership model and meaningful collaboration

September 2015

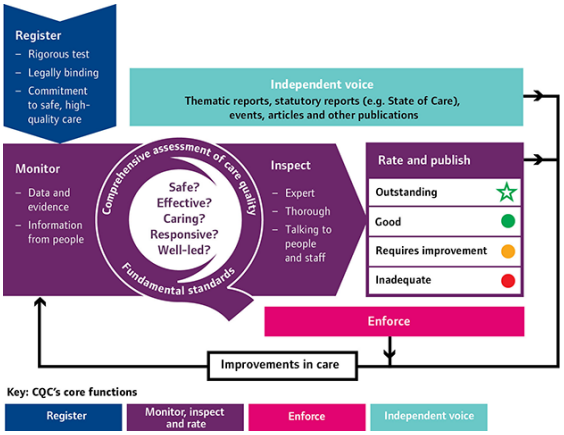
In Touch

In this issue…..

Preparing for a CQC Inspection

Carlo Caruso

So far the CQC has inspected around half of the practices in Kent and Medway and expects to have met its target of having carried out at least one announced comprehensive inspection of every GP practice by the end of September 2016.



Practices have generally had positive accounts of the inspection process but, as one might expect, being under the spotlight can make even the hardiest of us somewhat anxious. However, there are things that can be done to ease the pressure of the inspection and with half of you still waiting your turn we thought it might be helpful to point out to you some of the things practices have so far found useful.

Your first stop should be the GPC's, 'Preparing for a scheduled CQC inspection – a guide for practices' (http://tinyurl.com/pjwj5s9). The GPC's guidance provides a comprehensive run through of what to expect before, during and after the inspection. It is an excellent reference point to prepare well in advance of the 2 weeks' notice of the inspection you will receive to provide a good account of the hard work and quality of care you provide.

The GPC's guidance contains lists of the documents the CQC will ask to see in advance of, and during the day of, the inspection. It covers what else to expect on the day of the inspection, such as: the practice walk through, what to include in the presentation to the CQC, and the questions the inspection team are likely to ask of clinical and support staff.

Although the guidance should not be considered entirely comprehensive and, what with the ever evolving nature of NHS General Practice, it is likely to change over time. The guidance will, nevertheless, provide an excellent starting point to assist you with anticipating much of what the inspection process will entail and so enable you to plan well in advance of receiving notice of the inspection. You may also want to take the opportunity to discuss and build upon the guidance at locality meetings.

Professor Nigel Sparrow, CQC's Senior National GP Adviser, authors a blog called 'Myth Busters' (http://tinyurl.com/oodap9x), which sets out to clear up some common myths about CQC inspections by looking at them in detail. At the time of writing there have been 51 blog posts on topics such as dispelling the myths around curtains, the requirements for practices in relation to the Mental Capacity Act and the management of Controlled Drugs.

We have also noted some common trends arising from inspection findings in the areas of: infection control, emergency equipment, vaccine storage and DBS checks.

Infection Control
Fortunately there has been nothing on the scale of a maggot-gate in Kent and Medway. The issues have been around the risks inherent in the fixtures and fittings, such as sinks having overflow holes and the material covering the chairs in the practice. Generally speaking these types of issues do not require practices to quickly go out and replace, for instance, the sinks and chairs. However, practices should be mindful of any potential risks, document them as part of a risk assessment, and put in place short term plans to mitigate the risks, such as particular cleaning regimes, pending the implementation of a longer term solution.

For further information around managing infection control risks in the built environment we suggest practices look at the Department of Health's Building Note 00-09 (http://tinyurl.com/qgbr52z); and the National Patient Safety Agency's Specification for National specifications for cleanliness : primary medical and dental premises (http://tinyurl.com/ntxw2lu), the latter of which contains useful advice on undertaking risk assessments and an audit matrix which can also be easily converted into a cleaning schedule.

Emergency Equipment
Practices should also seek to ensure that they have the full range of equipment and medicines to be able to respond to the range of emergencies that may occur. We would recommend that practices review their kit against that which is recommended by the Resuscitation Council UK (http://tinyurl.com/qgayqag).

Vaccine storage
With primary care now at the height of flu season activity we felt it prudent to remind practices that one issue that has come up on a number of occasions is the routine monitoring of the temperatures of fridges in which vaccines are stored. Vaccines may lose their effectiveness if they go above 8 or below 2 degrees Centigrade and the CQC will expect to see the practice maintain a written record of the maximum and minimum fridge temperatures for each day.
Further information on the ordering, storing and handling of vaccines is provided by Public Health England (http://tinyurl.com/mnxoaqy).

DBS checks for staff
One rather complex issue that has arisen on a number of occasions is that of DBS checks. Which staff need to have DBS checks and what level do the checks need to be? Do practices carry out DBS checks on staff that have been with them a long time? And do checks need to be repeated?

The first thing is that, generally, all clinical staff need enhanced DBS checks because they will come into unsupervised contact with patients. The situation is not as clear with support staff and whether they need checks as it would depend on their role. For example, access to medical records is not in itself necessarily sufficient to require a DBS check. If a member of staff may occasionally be required to carry out chaperone duties they should undergo a DBS check, unless a risk assessment can demonstrate the chaperone will not be left alone with a patient.

Ultimately, decisions around whether to carry out DBS checks, the level at which they should be and the frequency, if any, at which they should be repeated should be documented. Practices may find the CQC's guidance on DBS checks helpful when making these decisions (http://tinyurl.com/ocpr2fw).

Kent Primary Care Agency—The Future

Liz Mears

As previously reported the future of the primary care agency at Station Road, Maidstone was under threat. NHS England made an overall commitment to reduce administration costs by 40 percent for primary care support services and NHS England concluded that the best way to achieve the savings, modernise the service and deliver this in a short timescale was to outsource the service.

Following the procurement process NHS England and Capita have signed a contract for the delivery of PCS Services to start on 1 September 2015. The value of the contract is £330m for the initial seven year period with an option to extend to 10 years.

The official line from NHS England is that services will be modernised and made more efficient, delivering better value for money! This will mean that a number of support functions will be centralised, introducing a national operating framework so there is consistency across the country. However, this will come at a price and we will be losing our local office in Maidstone in May 2016!

The proposed services will operate from three multi-disciplinary locations. The locations currently identified are Leeds (an established Capita customer support centre in Leeds), Preston (the existing PCSS location) and Clacton, where ACE will continue to provide services, supported by two additional established Capita locations in Darlington and Mansfield.

NHS England will continue to be accountable for the delivery of PCS Services in the future, but Capita will deliver these services. The service will be known as Primary Care Support England.

We are assured that there will be no changes to the way the service is delivered on 1 September 2015. All contact numbers and processes remain the same and users will not notice any differences.

However, as Capita progresses the planned transformation all users will be kept informed of the changes and the impact on them.

The Stakeholder Group that was launched in October 2014 to support the procurement will now become the Stakeholder Forum with membership from the BMA and RCGP.

Capita's proposed services during 2016 – 2017:-

- Customer Support Centre – National centre for queries with named contacts.
- PCS Portal – Online portal to enable easy access for services.
- Records storage and movement – single organisation.
- Local service – team of mobile staff for local users.
- ID checks for Performers List.
- GP payments and pensions – online portal (paper forms will remain available).
- Cervical and breast screening – single system and centralised printing.

More information will be provided when it becomes available, particularly before the Maidstone office is due to close in May 2016.

Oxygen & defibrillator training for staff

Dr John Allingham

The trainers who deliver the basic life support training have been commissioned to add Oxygen and Automatic External Defibrillator (AED) training to their sessions. CQC expect practices to have oxygen so it is reasonable that all staff have received training in its use. If a practice owns a defibrillator it is difficult to justify not being trained to use it.

Although the trainers are commissioned to update the employed staff many GPs join the sessions and receive certification. The sessions are scheduled to last 2-3 hours and all staff must expect to be asked to attend the entire session to receive a certificate of attendance.

Top Tip for Practice Managers

The LMC has attended a number of appeals at NHS England recently where practices have missed reporting deadlines which have directly impacted on practice income. As I am sure you are already experiencing, things have changed and NHS England will not be sending out reminders routinely to practices. There are formal contractual arrangements between practices and NHS England and they do not see themselves spending time helping practices in the way that PCTs may have done in the past.

Our top tip is to not assume that reminders will be sent. When you sign up to services/contracts please check the reporting requirements and deadlines. Although this sounds simple advice sometimes this gets overlooked.

Kent Local Medical Committee
Interim Election of Sessional GP Representatives

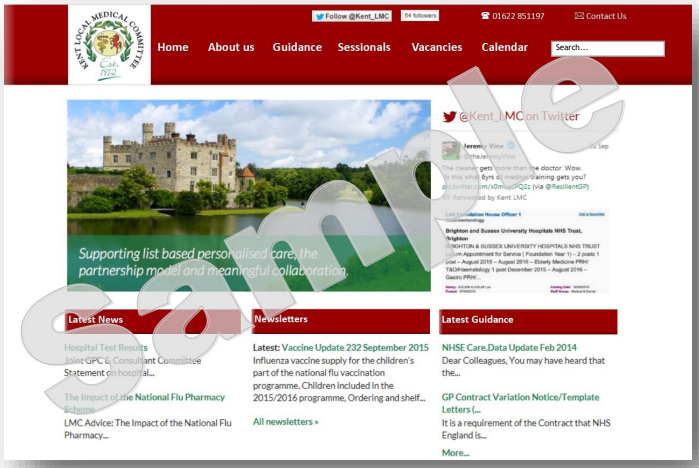
Are you keen to contribute and influence events in your local area?

At this time of unprecedented change, why not consider standing for election as a Representative of the Kent Local Medical Committee and help to strengthen the voice of General Practice?

We currently have vacancies for
Sessional GP representatives in
Medway, South Kent Coast and West Kent
and will be emailing election papers to
Sessional GPs late Autumn.

If you have not thought about becoming an LMC representative before - <u>now is the time</u>.
Please phone the office on 01622 851197 for an informal discussion or further information.

The NEW Kent LMC Website is under Construction!



We anticipate launching our new website at the end of the year. New features will include an improved search facility, a blog and twitter feed. We would welcome your views about what you like and dislike about our current website (www.kentlmc.org).

If you have any comments/suggestions please email kelly.brown@kentlmc.org

GPST3 Graduation Event 2015

Each year the LMC attends the GP Graduation Event organised by HEKSS to meet new bright, young enthusiastic GPs and to introduce them to the LMC. For the last two years we have also sponsored a prize for the best project.

This year's prize was presented to Max Simons.

Dr Mike Parks presenting on behalf of the Kent LMC to Dr Max Simons – Improvement of Patient Care through Educational Activity

Training to extend the role of the HCA: Gateway Requirements

Sue Timmins, Kent and Medway GP Staff Training Team

There have been a number of queries from practices in recent weeks regarding the pre-requisite training which HCAs must be able to demonstrate in order to access the skills-based training provided by the GP Staff Training team.

May we remind you that it was agreed some time ago that, in the interests of patient safety, and to protect the HCA, any training to extend the role of the HCA within their scope of practice, including the giving of flu vaccines, B12 and pneumo vaccines, ear care, and other invasive techniques, can only be made available if the HCA can evidence prior training at Level 3 which demonstrates that they have a grasp of all the underpinning knowledge required to undertake these tasks.

In Kent and Medway, it was agreed that this prior training should be either:

- **KASPAC** – our local accredited HCA development programme (which will henceforth form the basis of KMGP's training to meet the requirements of the Care Certificate standards), or
- **NVQ Level 3 in Health & Social Care**.

These standards therefore remain as gateway requirements for HCAs wishing to undertake further training.

However, we are aware that practices are now employing HCAs who may have come from the Community Trusts or other settings and who would not therefore have had the opportunity to gain the above awards. Under these circumstances the knowledge may have been gained by other methods, e.g. by attending study days in the Trusts, which would meet those requirements. There is therefore now a third option, if the HCA can show **evidence of certificated training** from e-learning or other training providers which covers all the KASPAC topics, and is up to date in these, then this evidence is also acceptable as a gateway standard.

The only current exception to this is where e.g. a receptionist wishes to begin to undertake phlebotomy; it was agreed that, provided that the receptionist has undertaken essential record-keeping training, phlebotomy courses can be accessed without the need for the Level 3 training above.

We hope that this clarifies the position, so there is no doubt whether or not an HCA is eligible to access the various KMGP skills-based training programmes for their staff group.

Pay Rise for Staff—Be careful…

Paul Gordon - MacArthur Gordon Limited

Pay rises and pensions have long been assumed to be good news for all involved but things have certainly changed over recent years.

A poorly timed pay rise could actually leave a practice with an Employer Charge as a result of the increase to the recipients' pension benefits.

Final pay control is applicable to all members of the 1995 Section of the NHS Pension Scheme who retire with entitlement to officer benefits.

A pay increase that exceeds the 'allowable amount' within any of the three years prior to their last day of service could lead to the practice being liable for a final pay control charge.

The allowable amount for a relevant year is determined by increasing the member's pensionable pay in the year immediately preceding the relevant year by CPI plus 4.5%. At the time of printing, CPI for August 2015 was confirmed as being 0% but has certainly varied over recent years.

It is now possible for staff members to review existing pension benefits using the Total Reward Statement system, www.totalrewardstatements.nhs.uk

The NHS Pensions Agency are able to outline whether a charge is likely to occur as a result of a pay increase ahead of planned retirement although complete information around service history, membership and the overall pay increase will be required.

Subject Access Requests (SARs) Guidance

Carlo Caruso

The LMC office has been receiving an increasing number of calls from practices for advice around Subject Access Requests made by insurance companies. It is generally expected that insurance companies would make applications for Medical Reports, as has been agreed with the Association of British Insurers (ABI). However, more recently there appears to have been an increase in the use of SARs in their place.

Practices have been rightly concerned about their responsibilities under the Data Protection Act (1998) in that providing the full medical record would result in a disclosure that was excessive and, therefore, not entirely relevant for the purpose insurance companies are processing the information. Conversely, practices also have a duty to respond to SARs, even when made on behalf of patients by insurance companies. This apparent conflict appears to arise from the ICO's view that SARs are not intended to be used by insurance companies to underpin their commercial processes. Therefore, as data processors, insurance companies must ensure the information they process is 'adequate, relevant and not excessive'.

When receiving a SAR from an insurance company, practices are advised to ensure that the insurance company is acting on behalf of the patient. Practices are reminded that it is their responsibility to be satisfied that the request is genuine. But it is the responsibility of the insurance company to provide the evidence. Many insurance companies are moving towards the use of electronic patient consent for such applications, and this is acceptable. However, if there is any doubt it is recommended that the practice contacts the patient.

Practices also have a responsibility to ensure that the patient understands both the extent of the disclosure and its implications. To remove any doubt we would recommend that practices respond to the SAR by sending the copy of the records to the patient who may review them and decide whether to provide them to the insurance company.

Before providing the records to the patient practices must be careful not to share with the patient information that may cause serious harm to their mental or physical health. Nor should practices share information that makes reference to a third person if that information is considered to be confidential.

It is expected that insurance companies will revert again to requesting reports from GPs in line with the Access to Medical Reports Act 1988. The act specifically allows patients to seek a medical report about them for insurance purposes. Practices can agree a fee appropriate for the level of work required and request payment in advance of providing the report. Further guidance and advice on the production of reports has been produced by the GPC (http://bma.org.uk/-/media/files/pdfs/practical%20advice%20at%20work/ethics/accesstomedicalreportsjune2009.pdf).

Practice Manager Conference

9.00am—4.30pm Wednesday 4th November 2015
Mercure Great Danes Hotel, Hollingbourne

Outline Programme

The Care Certificate: Implications for GP employers
Richard Griffin, Director, Institute of Vocational Learning and Workforce Research Bucks New University

Data Protection – Data Sharing (title tbc)
Christine Smith, SECSU

Nursing revalidation – implication for GP employers
(Booked, speaker name TBC)

Community Education Provider Networks in Kent and Medway – training hubs
Dr Kim Stillman or colleague

KEYNOTE SPEAKER: Shay McConnon

Afternoon workshops (pick 2 of 3):
CQC update (topic tbc) (CQC)
Employment Law: 10 hot tips for PMs (Clarkson Wright & Jakes)
Finance update (Haines Watts)

LMC Latest topics - Kent Local Medical Committee
K&M GP Staff Training Team update - Bryony Neame and Sue Timmins

To book a place please go to the KMGP Learning Pool Website and click on 'Conferences 2015'

Practice Nurse Conference

9.00am—5.30pm Wednesday 18th November 2015
Mercure Great Danes Hotel, Hollingbourne

Although all places have been taken it is anticipated that numbers will be increased, so please add your name to the waiting list on the KMGP Website under 'Conferences 2015'.

Outline Programme

Care Certificate – assessment process by nurse assessors

Data Protection – data sharing guidelines

What's happening about the Spirometry Training guidelines?

Diabetes (title tbc)

Nursing revalidation

Workshops (pick 2 from 3):
Anticoagulation/atrial fibrillation update
Non-medical prescribing update
Contraception update re oral contraceptives

Update from KM GP Staff Training Team

Non-Attendance at Staff Training Courses

There has been a small increase in late cancellations and no shows for training and education courses organised by the Staff Training and Education Team. These places have been paid for and the costs cannot be recouped.

If a crisis or an illness occurs please can staff or practice managers inform the team. Recently a trainer turned up expecting 6 students and only 2 arrived.

The cost of unfilled places are met from the top slice to which all practices contribute so although there are no individual losses an unused place is a missed opportunity for someone else.

GP Tool Update

Nicholas Barry-Tait, Senior Programme Manager, Primary Care Workstream, Health Education Kent, Surrey and Sussex

Earlier this year we, along with your CCG, NHS England South (East) and Health Education Kent Surrey Sussex (HEKSS) requested help in collating the current view of General Practice workforce capacity. This piece of work is seen as vital in starting to alleviate many of the pressures you are currently facing in your practices in meeting staffing challenges as well as the changes in organisational working, i.e. 7 days working and new models of care. The information will assist in helping stakeholders to;

- **Understand** the capacity of the existing General Practice workforce
- **Plan** for the future capacity and capability of the workforce effectively
- **Implement** education and training programmes to ensure the workforce supply meets demand.

Support has been fantastic with 78% of Kent and Medway practices submitting data that enables us to view the current general practice workforce from a variety of perspectives as well as allow a practice to compare their own makeup against that of others within their CCG. HEKSS have updated its training deck to include a section on running reports that includes screen shots and definitions, you can request a copy of the training deck by contacting either the GP Tool via email (details at the bottom of the page) or via your Primary Care Workforce Tutor.

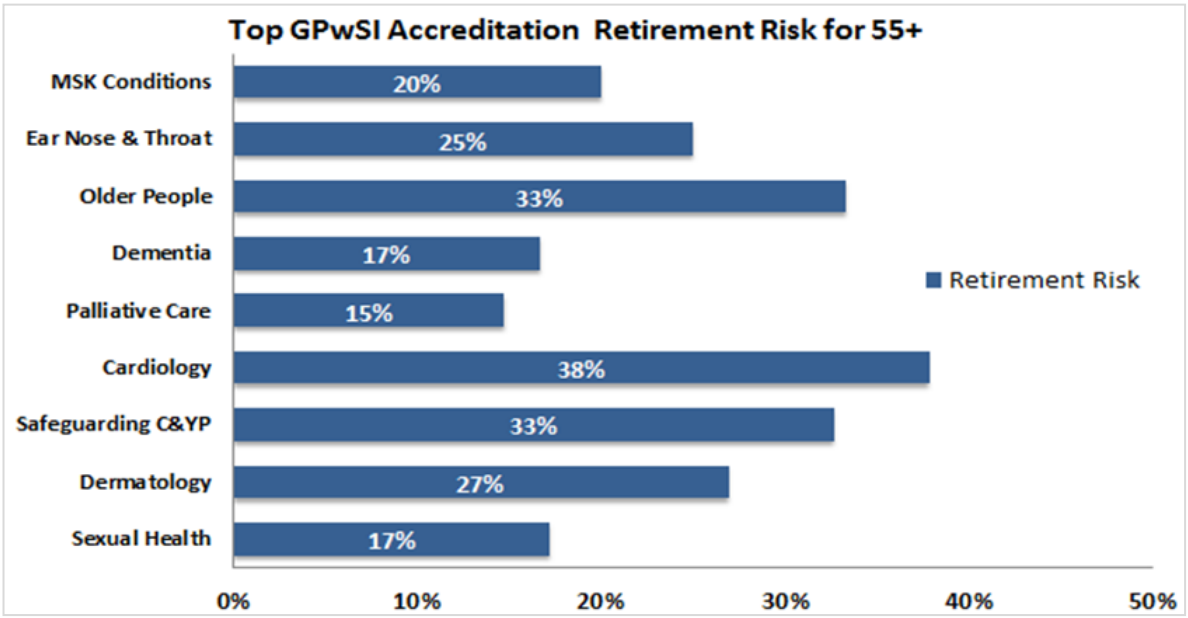
Stakeholders such as CCGs, NHS England South (East), LMC and HEKSS are currently looking at the data and the tool to assess how best to utilise the outputs and the potential for future improvements in both form and function. This will allow practices to support the development of future models of care by providing accurate point in time data to a number of organisations.

Headlines

From the 78% submissions from Kent and Medway 28% of general practice staff are aged 55+ which is the same as Surrey and Sussex however;

- 25% of Kent and Medway GPs are 55+ with 17% for Surrey and Sussex whilst,
- 28% of Kent and Medway practice nurses are 55+ with 33% for Surrey and Sussex
- Interestingly 22% of apprentices within general practice are 55+

Additional benefits of the tool are that data can be provided for multiple sources and as such reducing the time spent by practice staff in completing returns/survey monkeys to capture data, and we can view our workforce by specialty areas, gender and age meaning that workforce planning discussions are far better informed. For example in KSS the GP tool is able to provide a breakdown for GPs with special interest accreditation as follows;



If your practice has not yet submitted information via the tool you can still do so by contacting GPTool@kss.hee.nhs.uk. The HEKSS Tool can also be used to provide the Autumn return for the HSCIC Primary Care Webtool, information on how to submit is also captured within the training deck previously mentioned.

Noticeboard

PRIMARY CARE: COLLABORATION - NEW OPPORTUNITIES

Are you thinking of collaborating with other organisations but don't know where to start?

Are you already working collaboratively but want to take it to the next level?

Then attend our **FREE** conference where you will have a wonderful opportunity to hear from The King's Fund, NHS England, the GPC and from local initiatives that widen the scope of primary care, to discover first hand how collaborative working and its financial implications can work for you and your patients.

Kent LMC Conference
Wednesday
11 November 2015

13:30—20:00
Light Lunch & Evening Buffet included

Ashford International Hotel, Simone Weil Avenue TN24 8UX

Keynote Speakers

1. **Richard Murray**
   Director of Policy, The King's Fund
   Implementing the Five Year Forward View

2. **Neil Goulbourne**
   Deputy Director of Strategy, NHS England
   Five Year Forward View - A New Deal for Primary Care

3. **Dr John Ribchester**
   Senior & Executive Partner, Whitstable Medical Practice
   Vanguard Site - What does this mean for Kent?

4. **Dr Gary Calver,** *Chair of Invicta Health (South Kent)*
   & Kim Horsford, *Chief Executive, Invicta Health*
   Prime Minister's Challenge Fund (SKC) Lessons Learnt

5. **Paul Gordon**
   Financial Advisor for Medical Professionals, McArthur Gordon Limited
   Financial Planning for the Future

6. **Dr Brian Balmer**
   GPC Executive
   Networks - GP Support & Development

Professional advisors will be available during the breaks to provide general information and advice.

To book your FREE place, please email kelly.brown@kentlmc.org

KENT LMC Buying Group

The LMC Buying Group exists to save their member practices money on goods and services which they purchase. The Federation helps them do this by identifying suppliers with whom they have negotiated significant discounts over what practices would otherwise pay for goods and services.

For information on our current offers from our suppliers please go to:

www.kentlmc.org

and click on the blue box on the bottom right hand side of the screen.

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