

Chair's Bulletin - September 2023

In this edition:

- | | |
|---------------------------|---------------------------------|
| 1) LQC Hints & Tips | 6) Neonatal Hepatitis B Testing |
| 2) Outpatient Prescribing | 7) Targeted Lung Health Checks |
| 3) ADHD Shared Care | 8) Medical Examiner Rollout |
| 4) Rejected Referrals | 9) Patient Registrations Audit |
| 5) Virtual Wards | 10) Funding the 6% NHS Pay Rise |

1) Local Quality Contract (LQC) Hints & Tips

September is the final month of quarter 2 of the fiscal year. Please note the following LQC indicators, which should be completed by the end of quarter 2:

- Indicator 18 - review of your primary care dashboard data
- Indicator 19 - sharing your easy read invitation letter for LD health checks
- Indicator 24 - your quarter 2 MMT quarterly meeting
- Indicator 36 - Practice Manager completion of the eLFH veterans e-Learning

I have been asked to remind practices that the denominator for indicator 01 should be approximately 0.6% of your practice population this year.

Also, the patients who need contacting following a non-response to a cervical screening invitation can be found on the Exeter system.

2) Outpatient Prescribing

Further to the July bulletin, I am pleased to report that there has been tangible progress with our outpatient prescribing initiative. A pushback form has been

approved by the ICB & will be circulated by the end of September 2023.

Please use this form consistently to reject inappropriate prescribing requests by specialist colleagues, by emailing it to the relevant department.

In particular, the LMC advises practices to ensure that they have evidence of a patient being counselled on a medication fully before prescribing it or adding it to their repeat list. For Amber or Purple medications, we recommend that practices ensure the responsible specialist clinician has been consulted too.

3) ADHD Shared Care

In connection with the previous item, the LMC recommends that practices only accept shared care for ADHD medications using the Sefton shared care frameworks. In these, it states that the specialist must *'provide the name and contact details of the consultant. When the request for shared care is made by a specialist nurse, it is the supervising consultant who takes medico-legal responsibility for the agreement'*. Accordingly, the LMC does not recommend accepting shared care when the diagnosis & management decisions have been made without the involvement of a responsible consultant psychiatrist.

4) Rejected Referrals

In the July bulletin, I asked practices to report examples of referrals being rejected because a referral template had not been completed or a patient was 'out of area'. Indeed, the latest guidance suggests that patients should be given a choice of 5 providers when a practice makes a referral. I understand some referrals are being rejected because departments have long waiting lists - we feel this is unacceptable so please report such examples to the LMC too.

5) Virtual Wards

There are now a number of virtual ward pilots in operation in Sefton. The LMC's position is that practices should not be responsible for the clinical care of patients who have been admitted to a virtual ward - e.g. home visits, repeat prescribing or investigations. Notwithstanding the resource implications of practices caring for a patients who would otherwise be a hospital/hospice inpatient, we feel it is safer for just one team to provide the patient's care.

6) Neonatal Hepatitis B Testing

Earlier this month, I met with Tricia Spedding (Head of Public Health, NHSE North West). She acknowledged that LMCs should have been consulted about this matter, we agreed on the importance of this intervention & that practices were well-placed to perform it, & we agreed that it needed to be properly commissioned with an associated item-of-service payment. Also, I advised that the governance surrounding the tests needs to be clarified; in particular, who is responsible for the results, any subsequent actions & any DNAs.

7) Targeted Lung Health Checks

These have now commenced in South Sefton, with Southport & Formby patients soon to be included too. It has been extremely concerning to hear about the experiences of some practices, where the management of incidental coronary artery calcification has caused a huge amount of additional workload. The LMC has requested a pause whilst the scale of the problem is understood properly, so the resource requirements can be reconsidered by Sefton Place. We are hopeful that a CVD risk pilot at Liverpool Heart & Chest Hospital will be able to manage these cases instead going forward.

8) Medical Examiner Rollout

Whilst there is not yet a statutory requirement for practices to agree death certificates with an independent medical examiner (& the BMA has cited this in its list of workload that should be removed from practices in order to relieve pressures), I am aware that some practices are engaging with the rollout in South Sefton. I have been asked to remind South Sefton practices that the Liverpool Medical Examiner Office are available to support practices who wish to proceed with the rollout, by emailing meservice@liverpoolft.nhs.uk

9) Patient Registration Audit

The LMC has been consulted about an audit that Sefton Place would like practices to support; to understand demand for registration within the Sefton area, in respect of new patients to the area & movement between practices. An online form has been created for receptionists to complete & submit

following contact with a patient requesting registration, with every patient/family requesting registration during October 2023 due to be captured.

This audit should help to identify the number of patients wishing to change practice when they are already registered with a practice & still live within that practice's catchment area. The LMC has worked with Sefton Place to ensure the online form takes no more than a minute or so to complete, & we have secured a token payment of £1 for each form completed.

10) Funding the 6% NHS Pay Rise

Further to the DHSC announcement some weeks ago that practices would receive an uplift to their Global Sum to pay the 6% NHS pay rise to all of their salaried staff, it is disappointing that practices are still awaiting confirmation of this uplift. However, in a positive development, we understand that local improvement schemes like our LQC are going to be uplifted too, & we have contacted Sefton Place to ensure that the necessary discussions are taking place. The advice from the BMA to practices remains the same: to advise staff that the uplift is not yet in their accounts but the pay increase will be provided & backdated once the uplift has been agreed & received.

Dr David Smith

Chair, Sefton LMC

seftonlmc@seftonlmc.co.uk

This bulletin will be circulated monthly to GP Principals & Practice Managers (or equivalents) at all constituent practices of Sefton Local Medical Committee.

Please feel free to forward it to other members of your team, & help us to keep our mailing list up to date by informing us if there are any changes.

If you have any questions about the content of this bulletin or if you have any feedback that would help to improve it, please email the address above.

Thank you.