

## GP Update – Autumn 2017

Dear Colleague,

Please find below an update from the Responsible Officer and his team, together with some links to important information to support you this appraisal year.

### **General Practice Forward View (GPFV)**

The GPFV, published in April 2016, commits to an extra £2.4 billion a year to support general practice services by 2020/21. It will improve patient care and access, and invest in new ways of providing primary care.

As part of this package NHS England is investing £500 million in a national sustainability and transformation package to support GP practices, which includes additional funds from local clinical commissioning groups (CCGs).

It includes help for struggling practices, plans to reduce workload, expansion of a wider workforce, investment in technology and estates and a national development programme to speed up transformation of services.

NHS England is committing to an increase in investment to support general practice over the next five years. For more information follow this [LINK](#)

In the West Midlands we are committed to supporting our GPs in a number of ways including understanding the work pressures leading to retirement from clinical practice, supporting recruitment and retention of GPs, supporting appraisal through practice passports, and providing CPD events to support those with a scope of practice beyond primary care.

### **GP Retention Scheme**

The GP Retention Scheme is a package of financial and educational support to help doctors, who might otherwise leave the profession, remain in clinical general practice. The scheme supports both the retained GP (RGP) and the practice employing them by offering financial support in recognition of the fact that this role is different to a 'regular' part-time, salaried GP post, offering greater flexibility and educational support. For more information follow this [LINK](#)

### **Retiring GPs**

We are keen to hear from doctors who are planning to retire during the next 6-12 months. General Practice is widely acknowledged to be under pressure and this could be a trigger to GPs wanting to retire; to this end if you are thinking of retiring let the team know by email so that a meeting can be offered with the medical director or one of the associate medical directors.

### **GP Health Service**

As part of a broader package of support, the GPFV is committed to improve access to mental health support for general practitioners and trainee GPs who may be suffering from mental ill-health including stress, depression, addiction and burnout.

A new NHS GP Health service has been developed and The Hurley Clinic Partnership has been appointed provider of this service. The service is an important part of our commitment to help retain a healthy and resilient workforce and in supporting GPs and GP trainees who wish to remain in or return to clinical practice after a period of ill health.

Follow this [LINK](#) for more information

## **Appraisal Preparation**

Medical appraisal is a universal process for the profession, supporting accountability, professional development and patient care. The quality of a doctor's appraisal inputs is fundamental to the quality of their appraisal. [Improving the inputs to medical appraisal \(NHS England 2016\)](#) supports this aim and is a useful read.

There is generally 9 to 12 months to prepare between appraisals therefore it is advisable for doctors not to leave preparation to the last few weeks before the appraisal is due.

Doctors should contact their appraiser within 2 months of it being due in order to arrange an appraisal meeting. The location of the meeting should be mutually agreed where possible.

## **Appraisal Documentation**

Doctors are reminded to submit completed paperwork to their appraiser at least 2 weeks prior to the agreed appraisal meeting to allow the appraiser to prepare for the meeting.

## **CPD for Appraisal**

Where the gap between appraisals is less than 12 months, doctors are permitted to submit a pro rata number of CPD points rather than the standard 50 points. Appraisals should not be postponed due to insufficient CPD points; doctors should go ahead with the appraisal and discuss the shortage with their appraiser.

## **Appraisal Postponements**

Where a doctor is unable to complete their appraisal by their due date, a [postponement form](#) needs to be emailed to [england.appraisals-westmidlands@nhs.net](mailto:england.appraisals-westmidlands@nhs.net) with a valid reason for approval by the Responsible Officer. A form is also required for postponements due to maternity leave and long term sick. Please note that retrospective, late or last minute postponement requests are likely to be rejected.

## **Doctors Working Abroad**

Doctors are required to inform the team if they are working abroad or intend to work abroad for any period of time. Whilst working abroad, the doctor may require a skype appraisal if their appraisal is due during that time. Only Appraisal Leads are appointed to carry out skype appraisals on behalf of the West Midlands team.

Working abroad for more than 2 years can affect a doctor's inclusion on the National Performers List particularly if the work abroad is not related to General Practice so it is essential that doctors inform the team when planning to work abroad.

## **RCGP Mythbusters**

The intention of the RCGP Mythbusters is to dispel some of the misconceptions around revalidation and appraisal and, in conjunction with the [Guide to Supporting Information for Appraisal and Revalidation](#), promote a fair, supportive, and constructive revalidation and appraisal process. [RCGP Mythbusters: Addressing common misunderstandings about Appraisal and Revalidation](#)

## **GMC**

Doctors who are contacted by the GMC in respect of any patient complaints or concerns regarding their practice are encouraged to contact the team at an early stage and request to speak to associate medical directors Dr Francis Campbell or Dr Sarah Marwick.

## Transfers

Doctors who are planning to transfer out of the West Midlands to another locality are advised to email [england.appraisals-westmidlands@nhs.net](mailto:england.appraisals-westmidlands@nhs.net) and provide a copy of the NPL2 form submitted to PCSE so that appraisal and revalidation records can be transferred to the new team.

## Contact Information

Doctors are requested to advise the team by email of any changes in work circumstances such as status, change of practice, email and telephone number. PCSE should also be informed so that the Performers List can be updated accordingly.

## Significant Incidents

Following a review of recent cases, the Responsible Officer requires all doctors to notify the team of every complaint or concern in relation to the following:

- *Inappropriate physical / sexual examination* - Unfortunately this is a common complaint that we deal with, about one per month. Many, after investigation, are appropriate examinations but with lack of understanding by, and explanation to the patient resulting in a complaint
- *Fraud* - This is a less common issue but again one that raises significant concerns about the performer and requires careful and thorough investigation. It may require the support of the police or NHS Protect. It has significant impact on the partnership and can therefore be very difficult to manage in house. It can cover all areas that a performer is involved in – financial within the practice, prescribing, roles outside of the practice
- *Duty of Candour and Serious Incidents* - There is now a statutory “Duty of Candour” that requires us to inform patients if we believe harm has come to them from our actions. Below are links to the GMC/GDC guidance on this which relates to individual performers and also a link to the CQC guidance that relates to practices. Doctors and practices are advised to be aware of the implications and requirements of the guidance.

[http://www.gmc-uk.org/static/documents/content/DoC\\_guidance\\_english.pdf](http://www.gmc-uk.org/static/documents/content/DoC_guidance_english.pdf)

<https://www.gdc-uk.org/professionals/standards/honesty>

[http://www.cqc.org.uk/sites/default/files/20150327\\_duty\\_of\\_candour\\_guidance\\_final.pdf](http://www.cqc.org.uk/sites/default/files/20150327_duty_of_candour_guidance_final.pdf)

## MRONJ Guidelines for GPs

Attached is a guidance note from the Birmingham Dental Hospital in relation to Medication-Related Osteonecrosis of the Jaw (MRONJ).



## National Mortality Case Record Review (NMCRR) Programme

The NMCRR programme's aim is to improve understanding and learning about problems and processes in healthcare associated with mortality, and also to share best practice. It was commissioned in 2015 in response to the Francis review, to ensure that “every trust undertakes retrospective case note reviews of patient deaths according to a consistent methodology to further encourage learning from adverse events”. Whilst the Learning from Deaths reviews commence with hospital trusts, it is clear many GPs will provide input to and learn from these reviews. The NHSE West Midlands team is also working with CCGs to develop a system wide framework to mortality reviews. In response to these programmes of work we would encourage doctors to reflect on their relevant experiences in their annual appraisal

## **Checking of Practice Mailbox & Docman**

Clinical errors can occur for a number of reasons including Docman issues. Recently we have dealt with such a case because a practice hadn't kept their document management system up to date. The following guidance should therefore be noted by every GP practice:

It is the responsibility of each GP practice to check their practice NHS mailbox on a regular basis to ensure that all clinical correspondence within the mailbox is being processed by the Docman EDT Scheduler. The Docman EDT Scheduler extracts files from the practice mailbox every 60 minutes and processes them into the practices electronic workflow, NHS Mail and Docman EDT are dependent on each other.

If there is a problem with the mailbox clinical correspondence will not be processed and a backlog will occur. This is generally down to one of two issues:

1. The mailbox password has expired and needs to be updated, which can be done by the practice or via the I.T helpdesk. The new password will need to be updated within the EDT scheduler so the software can continue to communicate with the practice mailbox.
2. There is an unsupported file format/attachment in an email within the mailbox; in this case Docman will try to process the file and if it cannot, it will not go any further and will stop processing any more files until this is cleared, (printed and scanned manually if clinical or deleted if it is junk mail).

Practices are also advised to check that the Docman EDT Scheduler is polling the mailbox correctly by logging into the application and checking for any errors on a weekly basis. If there is a problem this will be identified in red within the scheduler. Please also check that this machine has not inadvertently been turned off. Issues at this stage mean that your correspondence will not have been forwarded into the Docman workflow.

Please Note: there should be two schedules setup within the EDT application.

1. Polling from the practice mailbox
2. Receiving from RWHT Docman HUB

Both should be reviewed to make sure no errors are present.

If practices do encounter any issues with either system they should report this to the appropriate IT support:

- NHS mail box – Local IT helpdesk
- Docman – Docman Support Line on 0844 967 0967

Issues with the flow of correspondence can pose a risk to the service and to patient care and safety, therefore if a problem occurs that the practice feels has had an effect on patient care e.g. delay of follow up, diagnosis or investigations, it should be recorded on Datix and the Patient Safety Manager at the CCG should be informed.

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