

## CLMC Bulletin 346 – 13.02.18

### **NT&HFT – Phlebotomy Clinic for GP Patients**

We are working more closely with NT&HFT to build 2 way communications with the aim to strengthen relationships and understanding between general practice and secondary care. As part of our discussions we have been made aware of an issue with regard to GP patients struggling to find the phlebotomy clinic within North Tees. This contributed to a verbally abusive incident within the Trust this weekend; patient behaviour that clearly cannot be tolerated either in GP practices or anywhere else in the NHS. If we can manage patient expectations hopefully we can prevent frustrations mounting.

To try to mitigate such incidents please can all practices note and make patients aware that the drop-in phlebotomy clinic for GP patients, held each **Saturday** 8.30am to 11.30am at North Tees Hospital is located in Orthopaedic Outpatients department and not in the Main Outpatients. Weekday clinics for GP drop-ins are held at North Tees Hospital in Main Outpatients 1.30pm to 5pm Wednesday and Fridays. Attendance at any other time should only be where there is clinical need. For all drop-in clinics, patients should attend at least 10 minutes before the clinic closes; and they must have a request form.

### **Flu Vaccine Ordering 18/19**

We sent a number of messages to practices over the past week clarifying the final ordering advice for the 18/19 season. Hopefully there is now clarity but you have any remaining questions please do not hesitate to get in touch with the LMC office. Further advice and FAQs are available [here](#). This has also been added to the [vaccinations and immunisation pages](#) of the BMA website.

For clarity, the NHS England published advice recommends the use of the adjuvanted trivalent vaccine (aTIV) for over 65s, and the quadrivalent vaccine (QIV) for 18 – under 65s at risk. The deadline for ordering has been extended until 29 March 2018. If necessary, practices should switch to the more effective vaccine, and suppliers have agreed to keep the same prices as previously agreed. If any practice has difficulty changing their order in the extended time period, they should inform both NHS England and [GPC](#) know so that it can be taken up nationally.

To contact NHS England if a practice has problems changing their order please use [england.primarycareops@nhs.net](mailto:england.primarycareops@nhs.net) putting 'Flu vaccine order' in the subject line.

### **Seniority Figures 14/15**

The published [Final Seniority Figures for GMS GPs](#) in England and Wales for 2014-15.

### **Assess Financial Viability – CQC Guidance Correction**

GP practices are NOT required to submit a statement of financial viability. CQC incorrectly communicated that they would ask all providers to submit a statement letter from a financial specialist as part of the introduction of an assessment of the financial viability of providers. They have [issued a correction](#) which stated: *Evidence of an NHS contract provides sufficient assurance and we will not require the following providers to submit a statement letter: NHS GP practices, NHS dentists, NHS 111, out of hours and urgent care services, Non NHS organisations with NHS contracts.*

### **Dealing With Unfair Comments on Websites – GPC Guidance**

A [recent GP Online article](#) provides advice on how to respond to online complaints from patients. Additionally, the BMA provides [guidance](#) on dealing with unfair comments on websites.

### **Online Consultation Systems**

There has been much discussion locally about online consultation systems. GPC have produced [guidance](#) explaining what online consultation systems are and potential concerns with these systems. It also provides a checklist that should be adhered to if you are involved in procuring online consultation tools, NHS funding launched for these systems and it links to further resources and advice for GPs.

### **GPC Prescribing Guidance**

[Focus on anticipatory prescribing for end of life care](#) and [Focus on excessive prescribing](#) have both been updated by the GPC.

### **Referrals to Specialist – Patient Leaflet**

We are sure you will now be aware of the patient leaflet, [What happens when you are referred by your GP to see a specialist](#), which was produced jointly by NHS England, the BMA and the National Association for Patient Participation and explains what patients can expect to happen if they are referred by their GP to see a specialist or consultant in a hospital or community setting. A hundred copies will be sent to each practice in early March. In response to further feedback from practices asking for easily printable copies, [an A4, black-and-white version of the leaflet](#), has also been published. Both versions of the leaflet are available on the [NHS England](#) and [NHS choices](#) websites.

### **GPC Newsletter**

To read the latest newsletter, please click [here](#).

### **Increased Training Time for GPs**

The HEE (Health Education England) proposal to increase in the period of additional training time for GPs to reflect the unique challenges of the GP training programme [has now been accepted](#) and is included in the revised edition of [A Reference Guide for Postgraduate Specialty Training in the UK/The Gold Guide 7<sup>th</sup> Edition – January 2018](#) ('the Gold Guide'), which was published on 31<sup>st</sup> January 2018. This means trainees who need support to complete their GP training programme will now have up to 12 months extra time, with a further 6 months in exceptional circumstances.

### **GPs as Specialists – joint GPC/RCGP statement**

In a [revised statement](#) the BMA and RCGP have jointly called upon the four UK health departments, working with the GMC, to bring forward legislative proposals to the UK Parliament to update the Medical Act to recognise general practitioners as specialists, and grant them parity of esteem with senior doctors in other branches of medical practice.

### **Divided We Fall; Getting the Best for General Practice – Nuffield Trust Report**

The [Nuffield Trust report](#) looks at the tension between new models of general practice which split out different services for different groups, and the traditional medical generalist GP way of working. They argue that there is a risk of losing some of the value that managing patients in the round delivers to them and to the NHS, and lay out a vision for GPs providing easier access alongside more general services.

### **Volunteering In General Practice – Kings Fund Report**

The [King's Fund report](#) on 'volunteering in general practice: opportunities and insights', focuses on the contribution that volunteering can make in general practice, building on previous work which examined volunteering in hospitals.