

CLMC Bulletin 393 – 16.07.19

Safeguarding Children and Vulnerable Adults: general practice reporting

NHS England has sent [this letter](#) to CCGs asking for assurance that children and vulnerable adults are effectively safeguarded. STPs and CCGs should be working together with local GP provider representatives and review their local arrangements in 2019/20 and where necessary implement changes, to ensure that safeguarding activity in general practice is supported.

As you know, this is something that CLMC has been challenging for a number of years (since the birth of CCGs and collaborative arrangement changes) so it is incredibly positive that national steps have now been taken in recognising the work involved in responding to these requests. As previously, we recommend that practices should always have regard to the obligations of GP professional bodies (GMC) but that you continue to request appropriate payment/resource when responding to such requests. It is always important to agree this in advance and it is hoped that this letter will assist in obtaining adequate resource.

Safeguarding Training

CLMC have been made aware of concerns around the recently published document “RCGP supplementary guide to safeguarding training requirements for all primary care staff”. CLMC, having taken advice from the GPC, are of the view that the requirements within this document go significantly further than the requirements mandated by the regulatory framework for general practice. We are particularly concerned at the suggestion of 20 hours of training over a 3 year period for every GP, nurse practitioner and practice nurse in Tees, which will have a significant impact on our workforce, that we can ill afford.

CLMC highlight that there is no funding within the latest GMS contract agreement to support this enhanced training, nor is there any requirement within your GMS contract, or any LIS, to comply with this.

While the RCGP document is under negotiation at a national level, CLMC recommend;

- For GPs (regardless of contractual status) – you have a professional duty according to the GMC to ensure you are up to date in adult and child safeguarding. This includes the recognition of potential abuse, and the knowledge of local processes to raise concerns. The learning event you undertake, and frequency of this update is for you to determine. You should record this in your CPD log for your appraisal.
- For Practices – CQC require that all practice staff can demonstrate competence in safeguarding adults and children, and that there should be a designated lead for adult safeguarding and child safeguarding. All staff should be aware of how to raise concerns internally and externally. The requirement to “demonstrate competence” is not currently defined by CQC, and CLMC would recommend that practices review their current training arrangements and consider if they feel they are appropriate. If the RCGP guidance is accepted in full, then there is an expectation that practices will work towards implementation over a 3 year period, so there is no urgency to make changes. When assessing safeguarding, CQC state “*The intercollegiate document is a guidance document and while the level of safeguarding training is a good indication as to how well the provider responds to safeguarding concerns, it is not the sentinel indicator of good safeguarding arrangements in an organisation. The organisation needs to demonstrate that they have a ‘comprehensive safeguarding system’ underpinned by policies, effective risk assessments, and high profile leadership as well as quality assured training and that they know that these are consistently in place.*”

Please be assured that CLMC will robustly support you in any disputes over CQC inspections or appraisals, as long as you have followed reasonable professional and contractual guidance.

Cervical Screening - Guide to Prior Notification Lists

This guide provided by PCSE relates to the way GP practice staff process Prior Notification Lists on Open Exeter for Cervical Screening.

Indemnity – paid for travel vaccinations no longer covered by CNSGP

As highlighted last week, the DHSC (Department of Health and Social Care) and NHSR (NHS Resolution) have confirmed a change in cover provided by CNSGP with the supply and administration of paid for travel vaccinations no longer included. Following our representations DHSC and NHS England have committed to ensure that any general practice staff who were administering travel vaccinations and immunisations (where patients were charged a fee) and who understood themselves to be covered under the CNSGP for such activities, are not financially at a disadvantage as a result of any claim, or potential claim, against them as a consequence of relying on the incorrect information.

In order to mitigate any risk to the health of patients, NHSR will provide assistance in relation to any claim for clinical negligence for the supply and administration of privately funded travel vaccinations between 1 April and 31 July 2019. General practice staff should contact NHSR to access support for such claims. Claims relating to the supply and administration of any travel vaccinations or immunisations (where the patient is required to pay) provided outside of this period should be reported to your medical defence organisation or indemnity provider. Read Mark Sanford-Wood's blog about this change [here](#).

Fit for work ESA65B letter

The Department of Work and Pensions (DWP) has revised the ESA65B letter template, which is sent to GPs once an Employment and Support Allowance (ESA) claimant has been found fit for work following a Work Capability Assessment (WCA), to inform the GP of the WCA outcome and advise them that fit notes are no longer required for ESA purposes. The ESA65B was revised to further emphasise the clinical discretion of GPs to continue issuing fit notes in appropriate circumstances such as when an appeal against a DWP decision is being undertaken. A sample of the revised ESA65B letter is attached at the end of the short guide on the benefits system for GPs which can be found [here](#).

Pensions

You will have seen [recent reports](#) about the effects the current pension arrangements are having on secondary care waiting lists. [Read the BMA statement](#). BMA council chair Chand Nagpaul has written to the prime minister saying: 'Current Government policy is driving doctors out of the workforce. The BMA has been working tirelessly to alert HM Treasury and the wider Government to the reality of losing large swathes of expertise from the NHS's most experienced doctors at a time when the over-stretched service needs it most. Without the good will of doctors to cover waiting lists and rota gaps as well as extra sessions in GP surgeries, patients will suffer.' [Read the full letter](#)

The BMA are also taking legal action against the Government over the 2015 changes to the NHS pension scheme. [Read the BMA press release](#)

GMC Workload Survey

A [GMC workload survey](#) showed that more than four in five GP trainers face heavy workloads and that most work beyond their basic working hours every day.

Nine Out Of 10 Patients Have 'Confidence And Trust' In Their GP

The results of the annual [NHS GP patient survey](#) have been published which shows that nine out of 10 patients have 'confidence and trust' in their family doctor and general practice staff, including nurses and pharmacists. Patients rate their overall experience of their family doctor highly, with four out of five saying their GP treats them with 'care and concern' and provides them with enough time to listen to their needs. Nine out of 10 patients felt involved in decisions about their care, while four in five rated their overall experience of making a GP appointment as 'good'. It is gratifying to see that despite the immense pressure practices are working under (underlined by the results of the GMC workload survey above), patients continue to appreciate the amazing job practices do.

BMA ARM Webcast

Watch the webcasts from the BMA's ARM [here](#) and you can specifically find the GPC Chairman speech and the debate on the GP contract section of the agenda [here](#).

Martin Marshall Elected to be the Next RCGP Chair

Congratulations to Professor Martin Marshall who is the new Chair-elect of the RCGP and will succeed Professor Helen Stokes-Lampard in November 2019 for a three-year term. Martin Marshall is a GP in Newham, East London, and Professor of Healthcare Improvement at UCL. He has been the College's Vice Chair for External Affairs since 2016 and in previous roles has experience of working in government and the charity sector. GPC have recently worked closely with him on a number of areas, including QOF QI development.

Medicine Supply Issue Update – July

Below are the latest Supply Issue Updates for July, from the Department of Health and Social Care. The DHSC are also keen to get feedback on the monthly update, so have set up a brief survey – please access it [here](#).

- [Supply update July](#)
- Attachments for supply update

GPC Newsletter

Read the latest GPC [here](#).